What follows is a transcription by Charles H. Andrus, M.D., F.A.C.S. of the video of ***Restoring Trust Through Radical Transparency: Reviewing Recent Events at the Centers for Disease Control and Prevention and Implications for Children's Health,*** Wednesday, September 17th, 2025, 10:00 am, 430 Dirksen Senate Office Building: Official video posting of the **U.S. Senate Committee on Health, Education, Labor & Pensions:**

Senate Official websites:
https://www.help.senate.gov/hearings/restoring-trust-through-radical-transparency-reviewing-recent-events-at-the-centers-for-disease-control-and-prevention-and-implications-for-childrens-health
and the video is: **Hearing entitled, "Restoring Trust Through Radical Transparency: Reviewing Recent Events at the Centers for Disease Control and Prevention and Implications for Children's Health." Coverage begins at 10:00 am.** ***[later in this segment: Coverage begins momentarily]*** **(**00:00:00 –00:18:48) 00:18:48
https://www.senate.gov/isvp/?auto_play=false&comm=help&filename=help091725&poster=https://www.help.senate.gov/assets/images/video-poster.png&stt=0 [Please note that when attempts to access websites of the *Internet Archive* capture site for the aforementioned site: no video website captures have been recorded: for the "blue captures", a blank video picture is present and if an "orange capture" is double-clicked, the following message is obtained:

Sorry, a potential security risk was detected in your submitted request. The Webmaster has been alerted.

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Preface

As there is no permanent electronic capture of the three-hour U.S. Senate Health, Education, Labor & Pension Committee (HELP) hearing of September 17th, 2025, this transcription is so very important as it preserves for history in a written form:

Restoring Trust Through Radical Transparency: Reviewing Recent Events at the Centers for Disease Control and Prevention and Implications for Children's Health,

Wednesday, September 17th, 2025, 10:00 am, 430 Dirksen Senate Office Building.

Other attempts to capture the video from other sources on the *Internet Archive* have also failed. (Appendix A)—**Obviously, this situation is contrary to the nominal title of the U.S. Senate Health, Education, Labor & Pension Committee's hearing of September 17th, 2025:**

Restoring Trust Through Radical Transparency as there is no methodology as it at present is blocked from preserving the video on the *Internet Archive* for future generations going forward.

While all of the Senators-witnesses' interactions are important, one must differentiate those that summarize the analyses of the situation which is the oversight responsibilities of the U.S. Senate Health, Education, Labor & Pensions Committee:

(1) Foundational issues of Clinical Immunology as championed by the CDC and

(2) Present-day pervasive *misapplications against all Federal Civil Servants of Prohibitive Personnel Practices proscribed by U.S. Federal Law, PL #16, 22 STAT 403* [i.e.: Pendleton Civil Service Reform Act of January 16, 1883 (Civil Service Act) and all subsequent revisions and additions to the Act over the last ~14 decades].

Versus

Attempts to distract the hearing focus and impugn the witnesses by *ad hominem* confrontations.

During the HELP Hearing of September 17th, 2025, there were Senators that elucidated their personal analyses of specific scientific concepts, facts, and applications. The three physician members of the Committee [Senator Bill Cassidy, M.D. (Chair, LA), Rand Paul M.D. (KY), and Roger Marshall, M.D. (KS)] expressed their focused interpretations, comments, and discussions of the clinical application of Immunology throughout the three hours of testimony before the HELP Committee with the former Director, Center for Diseases Control (CDC), Susan Monarez, PhD and the former Chief Medical Officer (CDC), Debra Houry, M.D. MPH.

Most importantly, the questioning dissertation of Senator Rand Paul, M.D., offered a limited number of medical questions with generalizations in which complete responses by the witness Susan Monarez, PhD were somewhat interdicted. From this discussion, these resultant incomplete applications of the medical/scientific information resulted in paltering (misapplication of truths) generalizations, discussions, and conclusions. Many of the Senators in their statements and queries unfortunately endorsed our present societal-fragmented-conventionalization and misapplications of the fundamentals of Clinical Immunologic Therapy especially in regards to COVID-19, measles (Rubeola), and Hepatitis B as was represented by Dr. Paul's series of questions [~00:59:41 - ~01:06:05 of the video] categorized in the following summations:

A. Modes of transmission of infectious diseases especially by carriers and mildly effected vectors
B. The correct application of primary versus secondary endpoints
C. Variability of responses of individuals by age to specific infectious diseases
D. Appropriate timing of treatments vs. prophylaxes of infectious diseases
E. Active immunization (vaccination to produce endogenous antibodies) versus Passive immunization (exogenous antibodies) and their appropriateness of timing of application
F. Emphasizing one immunologic specific complication with COVID vaccination: myocarditis which similar responses

G. Disputing vaccination schedules while ignoring the severity of disease in the immunologically naïve individual.

FUNDAMENTAL CONCEPTS OF CLINICAL IMMUNOLOGY THERAPY:

I. Clinical Immunologic humoral therapy can be divided into:

Active Immunization: vaccines with antigens to initiate the development of endogenous immunoglobulins/antibodies) —for IgG production, requires ~14 days to develop effective *in vivo* titers and while the immunoglobulin half-life ($t_{1/2}$) of IgG is roughly is ~21 days, memory B-cell longevity reportedly last for decades (and many times for the life-time of the organism.

And

Passive Immunization: administration (and maternal transference through the placenta) of exogenous immunoglobulins to the treated individual (with monoclonal antibodies and cocktails, convalescent plasma and serum, gamma globulin, and IVIGs and IMIGs) —for IgG *in vivo* titer is highest at time of administration and with the immunoglobulin half-life ($t_{1/2}$) of IgGs roughly ~21 day, all exogenous circulating immunoglobulins will have diminished to zero within 5 times the half-life ($t_{1/2}$) = ~100 days / ~3 months.

Whether a neutralizing antibody(ies) to a specific epitope(s) (antigenic determinant) are developed within the individual (*endogenous antibodies—Active Immunization*) or administered from outside to the individual (*exogenous antibodies—Passive Immunization*)**, the origin within each individual of the neutralizing antibody is irrelevant** to its CLINICALLY appropriate, extremely important indications, timely applications, and subsequent effectiveness in the individual patient. The applications, the implementations, and the co-dependent synergism of ***Active Immunization*** and ***Passive Immunization*** are indisputable!

A. ***Active Immunization*** **(*AI*): VACCINATION** –provision of **exogenous antigens** to stimulate endogenous antibodies--which is a process requiring ~15-21 days in the immune-naïve patient to those antigen(s) to reach effective therapeutic levels

1. Killed whole (polyclonal antigen) virus vaccines ***(AI)***, e.g.: the Salk (IM) polio vaccine, etc. [safety downside, e.g.: inadequate preparation—the "Cutter incident" of 1955]

2. Attenuated whole (polyclonal antigen) virus vaccines ***(AI)***, e.g.: the Sabin (oral) polio vaccine, MMR (IM), chickenpox (varicella-zoster virus--VZV), etc. [safety downside, e.g.: a low, but finite clinical expression rate of the attenuated virus vaccine, e.g.: post-oral polio vaccine administration in the "Rockland County, NY case in 2022"]

3. Selected Immuno-antigens(s)
(neither killed nor attenuated and not whole-virus vaccines):

Protein subunit or recombinant protein technology, e.g.: Arexvy and Abysvo mRNA vaccines, e.g.:

Only a few mRNA vaccines are approved by the FDA for human use at the present time, e.g.:

:

a. COVID-19 (Pfizer-BioNTech (Comirnaty/BNT162b2) and Moderna (Spikevax/mRNA-1273),

b. RSV (Moderna mRESVIA).

c. Some other mRNA vaccines are in trials for human use

Versus / Synergistically with:

B. ***Passive Immunization (PI)*** -- provision of **exogenous antibodies** / immunoglobulins within ~72 hours of exposure (convalescent plasma and sera, monoclonal antibodies and antibody cocktails, gamma globulins, IVIGs, IMIGs, etc.)—all of which have circulating half-lives ($t_{1/2}$) of the administered exogenous immunoglobulins in the recipient individual of approximately 21 days. Some examples over the years of ***Passive Immunization (PI)*** are the following:

1. The rabies vaccine of Pasteur ***(***HyperRab ***PI)*** which is life-saving when given asap after exposure (bite of a rabid animal) to all non-vaccinated and immune incompetent individuals.

2. Tetanus hyperimmune globulin ***(***HyperTet –***PI)*** which is life-saving when given asap after exposure (tetanus contaminated wounds) to immunologically-tetanus-naïve patients (non-vaccinated and immunosuppressed patients)

3. Rhogam, anti-D antibody serum ***(PI)*** in the prophylactic prevention of Rh-negative maternal postpartum development of endogenous maternal antibodies and thus possible prevention of resultant severe anemia of the newborn (hydrops fetalis) in future pregnancies of Rh D+ fetuses/infants.

4. Vaccinia immunoglobulin ***(PI)*** synergistic in the treatment of all non-vaccinated [with "an orthopox—originally called cowpox" vaccine ***(AI)***] and immunocompromised to smallpox-exposed-contacts. This synergistic prophylaxis assisted by epidemiologic identification, isolation, and treatment ***(PI)*** and then prophylaxis ***(AI)*** two months later led to the WHO (World Health Organization)'s eradication of smallpox in the 1970s.

5. Gamma globulins (e.g.: GamaSTAN for hepatitis A and measles (Rubeola): GamaSTAN S/D (Approved by the FDA since 1944 and reapproved by the FDA, 2018) when administered within 5-days of exposure to measles (Rubeola) was 98 - 100% effective in non-vaccinated and/or one-dose-only vaccinated infants and/patients in three studies in the last decade.

6. Monoclonal antibodies in the treatment and prophylaxis of infectious disease also have circulating half-lives ($t_{1/2}$) of the administered exogenous immunoglobulins in the recipient individual of approximately 21 days. Since 1998, palivizumab (Synagis) has been rationed for the prophylaxis of respiratory syncytial virus (RSV) in high risk infants: severe congenital heart disease and pulmonary insufficiency. As such, if palivizumab had been approved by the FDA in the early treatment (<72 hours) of all with contraction of RSV, a large number of adults over 65 years of age who died from RSV in the last quarter of a century (150,00 to 250,000) may have survived. The RSV vaccine administration **(AI)** to the mother during pregnancy (28-35 weeks gestation) provides limited prophylactic protection **(PI)** of the newborn for ~2 months only from the time of birth as the circulating monoclonal antibody's $t_{1/2}$ is ~21 days. Instead of RSV vaccination **(AI)** restricted to only >60 years of age, an RSV vaccination of the entire family members would reduce epidemiologically transmission by vector-infected individuals within the family and severity of illness in the adults who contract the disease.

7. Convalescent plasma and sera can also be used to modify the severity of illness if given within 72 hours of diagnosis. In the case of the COVID-19 Mayo Clinic / FDA Convalescent Plasma expanded access (compassionate use) protocol, > 94,000 units of COVID-19 convalescent plasma were administered from April to September 2020, prior to the development of the mRNA COVID-19 vaccines. When Dr. Hahn, the FDA Commissioner, testified before Congress on 9/23/2020, [https://www.fda.gov/media/142386/download] a significant survival advantage was documented in patients who were not intubated (not yet severely ill), ≤ 80 years of age, and ≤ 72 hours administration from diagnosis both at 7-days (n=932, p= 0.008) and 28-days (n= 485, p= 0.004) from treatment. Thus, unfortunately, of the greater than 94,000 administrations of COVID-19 Convalescent Plasma through the FDA/Mayo Clinic project, less than 2500 individuals (2.7%) of the total number of administrations were within the first 72 hours of the disease diagnosis. (97.3% of patient received the COVID-19 Convalescent Plasma outside of the appropriate time)

II. Timing of Administration and Age of the Patients regarding successful response to Passive Immunization:

A. Figure 8.2. Efficacy of passive immunity decreases with disease progression on page 88 of Chapter 8 by Mark K. Slifka and Ian J. Amanna of the 7th edition of *Plotkins VACCINES* edited by SA Plotkin, WA Orenstein, PA Offit, KM Edwards graphs the marked diminution of protection by exogenous immunoglobulins when administered late in the disease (~ <72 – 96 hours). Figure 8.2 was published for all by Elsevier during the COVID-19 Pandemic permitting republication of Figure 8.2 without copyright infringement.

http://web.archive.org/web/20241125033404/https://pmc.ncbi.nlm.nih.gov/articles/PMC7151993/pdf/main.pdf (Thus, Figure 8.2 explains the lack of effectiveness perceived regarding COVID-19 Convalescent Plasma that was pointed out in I.,B.,7, above).

B. The CDC's reporting of Mortality by decades of life prior to vaccination against COVID-19 in the first year of the United States COVID-19 epidemic has completely been ignored by U.S. Medicine. Thus, there was lack of control of or adjustment for significant, overriding independent variable of **AGE** related to mortality in the underpowered RCTs resulting in non-sensical outcomes based on skewed results, e.g.: from the analysis and graphing of monthly CDC-reported mortality vs. time from March 2020 to June 2021, a linear increasing mortality rate by decade of life in the U.S. COVID-19 epidemic in unvaccinated individuals was documented with an ~0.5% per year increase in mortality rate after age 49 years (Appendix II):

0 – 49 years of age: Mortality rate (y) = 0.0008 (x) – 0.0102 $r^2 = 0.84$
50 – 90+ years of age: Mortality rate (y) = 0.0052 (x) – 0.1305 $r^2 = 0.99$

During the U.S. COVID-19 epidemic, **AGE** clinically (and statistically) became the paramount, unrecognized, primary, uncontrolled independent variable with regards to death (primary endpoint) from COVID-19—not the multiple concomitant illness/conditions like obesity, diabetes, hypertension, respiratory symptomatology that were derived incorrectly (and is pervasive in our national mindset today) from the February 24, 2020, JAMA epidemiology article: Wu Z, McGoogan JM: *Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: Summary of a report of 72314 Cases from the Chinese Center for Disease Control and Prevention.* These concomitant illness/conditions were taken by the FDA and subsequently by the entire U.S. Medical literature to this day as independent variables which are all dependent variables of **AGE** in the treatment or, rather, **THE RATIONING** / restriction of treatment of COVID-19 that has become pervasive!

Thus, as a Physician and Surgeon; former Professor, Educator, and funded Researcher; former Federal Physician of greater than 25 years tenure, Veterans Health Administration, U.S. Department of Veterans Affairs; and an Advocate for Veteran Patients rights (*Andrus v VA*, U.S. Court of Appeals for the Federal Circuit, docket #03-3162, oral arguments—March 3, 2004); and as a citizen of the U.S. States of America--this submission of a hardcopy transcript of ***Restoring Trust Through Radical Transparency: Reviewing Recent Events at the Centers for Disease Control and Prevention and Implications for Children's Health,*** Wednesday, September 17th, 2025, 10:00 am, 430 Dirksen Senate Office Building, is my dutiful attempt to preserve for history, *ad infinitum*, just one key critical element in regards to addressing the present destructive, selective, parochial, picking-and-choosing dismal, denial, and disregard of man's humanity to that which contradicts what we, as Americans, have professed over the last 250 years:

We hold these truths to be self-evident, that all men are created equal, that they are endowed by their creator with certain unalienable rights, that among these are life, liberty, and the pursuit of happiness.

Respectfully,
Charles H. Andrus, M.D., F.A.C.S.

00:00:00 – 00:18:56: **United States Senate Committee Hearing Channels**

Hearing entitled, "Restoring Trust Through Radical Transparency: Reviewing Recent Events at the Centers for Disease Control and Prevention and Implications for Children's Health."

Coverage begins at 10:00 am.

00:00:00 ---------- 03:21:57

COMMITTEE on HEALTH, EDUCATION, LABOR & PENSIONS

00:15:27 – 00:18:48 Coverage begins momentarily.

00:18:57 **Senator Bill Cassidy, M.D. (Chair, LA)**

Senator Bill Cassidy: The Senate Committee on Health, Education, Labor, and Pensions will please come to order. I thank our witnesses for being here. This hearing is a direct response to President Trump's call for radical transparency in how we conduct governmental affairs; and I thank Secretary Robert Kennedy for echoing that call for radical transparency in his testimony before the Senate Finance Committee.

I approach this hearing as a Doctor and Senator.—And, as both, I should be, but frankly I think we all should be, first and foremost friends and allies of the American people. They are looking to us to figure out how our government works best for them, and if we look at any other agenda, we are not doing our duty to the American people. Now, that was the attitude I brought advocating for my patients. I think that is the attitude we should bring as Senators toward this issue as well, and if our loyalties lie elsewhere, then we fail as Senators. As a doctor who treated children and families for over 25 years, I had the absolute obligation to do the best I can for the health of those whom I am entrusted to serve. In this case, I am—but we all are—entrusted to serve the moms and dads, their children and parents so that when I or any doctor makes a recommendation to provide a life-saving vaccine or treatment they can reliably rely upon CDC guidance. If doctors do not have guidance or have a reason to distrust what is coming out of the CDC, they cannot make informed decisions to protect their patients. Children—and I would say adults—health is at risk.

Now as a Senator—and this speaks directly to all of us at this table—I am focused on the fact that Dr. Monarez is the first CDC Director requiring Senate confirmation. We, Republicans, supported making the CDC Director Senate Confirmed. It is such an important position that we demanded a role in her or his choosing. One of our responsibilities today is to ask ourselves if someone is fired 29 days after every Republican votes for her, the Senate confirms her, the Secretary said in her swearing in that she has "unimpeachable scientific credentials," and the President called her an incredible mother and dedicated public servant-- like, what happened? Did we fail? Was there something we should have done differently? The Secretary in his Senate Finance Testimony justified Dr. Monarez's firing by stating, quote, "It's imperative that we remove officials with conflicts of interest and catastrophically bad judgment and political agendas. We need an unbiased, politics-free, transparent, evidence-based science in the public interest." End quote. If what he said is true, we as Senators need to ask ourselves, did we look past something? Did we do something wrong? It may be that we did nothing wrong, in which case Dr. Monarez and Dr. Hourty, the onus is upon you to prove that the criticisms leveled by the Secretary are not true. Now,

ultimately, we have an obligation to the truth. It may be impossible to learn who is telling the truth, but this is an initial step in trying to answer why the top leadership of the CDC was fired or resigned before they could be fired. Turmoil at the top of the nation's top public health agency is not good for the health of the American people.

Now, I have long believed the CDC needs reform to regain the trust of the American people and earlier this year launched a working group of Senate Republicans on the topic, including Senators Paul, Murkowski, Marshall and Scott from this committee, which has met numerous times on a staff level. Unfortunately, we have a President who has called for radical transparency in government. President Trump clearly wants to make America healthy again. I thank him for that. The American people need all of the facts, not a version of the facts that fits a certain narrative or agenda and it's with this mandate from President Trump that the HELP committee is conducting this oversight.

Today, we will hear from Dr. Monarez and Dr. Houry, who have raised who have raised serious allegations that strike at the core of the CDC's credibility. The allegations need to be scrutinized and examined through an impartial lens. I'm also inviting HHS officials at a later point including Secretary Kennedy to speak with the committee and refute anything which is said today. This is how we achieve President Trump's goal of radical transparency giving Americans the full picture so they can judge for themselves. This is not about politics. This is about protecting children's health and rebuilding trust in institutions. I want President Trump to have the best CDC in our nation's history. I want to work with the President to fulfill his campaign promise to reform the CDC and make America healthy again. The President says radical transparency is the way to do that. This hearing is one step closer to delivering President Trump's mission.

With that, I recognized Senator Sanders.

00:24:35 **Senator Bernie Sanders (VT)**

Senator Bernie Sanders: Mr. Chairman, thanks very much, and thank you for holding this important hearing. Dr. Monarez, Dr. Houry, thanks so much for being with us. On July 31, Dr. Monarez was sworn in as our nation's first Senate-confirmed director of the CDC. At a swear-in ceremony, Secretary Kennedy said: "Dr. Monarez is a public health expert with unimpeachable scientific credentials. I have full confidence in her ability to restore the CDC's role as the most trusted authority in public health and strengthen our nation's readiness to confront infectious diseases and biosecurity threats." That was what Secretary Kennedy said on July 31. On August 27, less than a month later, Dr. Monarez was fired. Why was that? Well, according to Secretary Kennedy, Dr. Monarez, who has spent nearly two decades as a public service working in both Democratic and Republican Administrations, he said that she is (quote) "A Liar" (end quote), and is (quote) "untrustworthy" (end quote)—Liar and Untrustworthy.—Really. How did Dr. Monarez go from being a public health expert with unimpeachable scientific credentials who had the full confidence of Secretary Kennedy into being a liar and untrustworthy in less than a month? This is quite a transformation.

Well, I think, the answer is fairly obvious. Dr. Monarez was fired because she refused to act as a rubberstamp to implement Secretary Kennedy's dangerous agenda: to substantially limit the use of safe and effective vaccines that would endanger the lives of the American people and people throughout the World. Specifically, she was fired for two reasons:

Number 1,--listen to this—she refused to "pre-approve" the recommendations of a vaccine advisory panel newly-filled with people who have publicly expressed anti-vaccine rhetoric." In other words—and this is quite important—she took the radical position that she wanted to examine the scientific facts before drawing conclusions. I would hope that that is the very least we could expect from any public health official in the United States.

And Number 2—Reason why she was fired: She refused to get rid of career scientists for doing their jobs, including Dr. Houry, who was then the Chief Medical Officer at the CDC. Bottom line—Dr. Monarez stood up for science, for public health, and for the scientific method. Frankly, she stood up for protecting the well-being of the American people, and for that reason she was fired.

But Mr. Chairman, let us be clear. This hearing is not just about determining why Dr. Monarez was fired and why Dr. Houry and other scientists at the CDC resigned. The issue is deeper than that. It is about Secretary Kennedy's dangerous war on science, public health, and the truth itself. Unacceptably, we now have an HHS Secretary who does not believe in established science and who listens to conspiracy theorists and ideologues rather than Doctors and Medical Professionals. It is absurd to have to say this in the year 2025, but vaccines are safe and effective. That, of course, is not just my view—far more importantly—it is the overwhelming consensus of the Medical and Scientific community. It is not what we believe, it is what the scientific and medical communities believe. The American Academy of Pediatrics, the country's largest professional association of pediatricians, representing over 67,000 doctors--those are the doctors we take our kids to--What are they saying? They say that one of the greatest public health achievements is the vaccine which prevents tens of thousands of deaths and millions of cases of the disease. That is our pediatricians. The American Medical Association, representing over 270,000 doctors, they say that vaccines are the best tool to protect the public health against illnesses and their potentially-serious complications. The World Health Organization, virtually every medical organization, every scientific organization, the people who we trust, tell us that vaccines are safe and effective.

Mr. Chairman, you will recall several members of the panel, where you sat where I sat, we had the heads of the major agencies talking about pandemic preparedness. How well will we be prepared for future pandemics? I believe we had five agency heads, and we all asked them, you tell me, …are we… will there be another pandemic in the future? They all said, no one knows what it will be, no one knows when it will come, but the likelihood is there will be another pandemic. The next question that some of us asked is, tell us, are we prepared for that, God forbid, terrible event? Without exception, Mr. Chairman you will recall, they all said, no, we are not prepared, we are not prepared. So it is not just—what is going on now is not just endangering the health and well-being of our children. Are we prepared for the next pandemic which could claim millions of lives? Are we doing the scientific research to develop the vaccines, the other tools we need? That is what frightens me. So, Dr. Monarez, Dr. Houry, thank you for being with us. We look forward to hearing your testimony.

00:31:06 **Senator Bill Cassidy, M.D. (Chair, LA)**

Senator Cassidy, M.D: To begin I wish to introduce statements into the record. The first is September the 2nd OP-ED by Secretary Kennedy outlining his vision to modernize the CDC. The second is an article from STAT comparing Secretary Kennedy's OP-ED to a memo Dr. Monarez drafted describing her priorities to modernize the agency. The article found the recommendations outlined in both the OP-ED and memo were

substantially similar. Uh oh, I'm sorry. I need to introduce the witness. My staff gave me that kind of 101. We're joined today by Dr. Susan Monarez, the former Director of the Centers for Disease Control and Prevention, CDC. Dr. Monarez was the first Senate-confirmed CDC Director. She was previously the Deputy Director of the Advanced Research Projects Agency for Health, ARPH, where she helped oversee a $2 billion portfolio to advance health care breakthroughs. Dr. Monarez earned her PhD in microbiology and immunology from the University of Wisconsin-Madison and completed her post-doctoral fellowship in microbiology and immunology at Standford University School of Medicine.

Dr. Houry, we're also joined by the former Chief Medical Officer and Deputy Director for Program and Science at the Centers for Disease Control. Dr. Houry oversaw CDC's nine national centers and the agency's Office of Science with a combined budget over $6 billion. She also previously led CDC's National Center for Injury Prevention and Control where she helped lead CDC's work responding to the Opioid Crisis. Dr. Houry is a graduate of Emory University and received her M.D. and MPH degrees from Tulane University. She completed her residency training in emergency medicine at Denver Health Medical Center.

Uh, I shall now begin. Oh, the opening statements 101 again. Please, Dr. Monarez.

00:33:03 **Dr. Susan Monarez, PhD, former Director, Centers for Diseases Control**

Dr. Monarez: I believe it is on. Can you hear me?

Senator Cassidy, M.D: Yeah.

Dr. Monarez: Chairman Cassidy, ranking member Sanders, and distinguished members of this committee, thank you for the opportunity to testify before you again. My name is Susan Monarez, and I am a microbiologist and immunologist. Exactly 12 weeks ago in this same room I testified that if confirmed I would lead the CDC to restore public trust, modernize public health infrastructure, and strengthen the Agency's core mission of protecting Americans from the infectious diseases and emerging threats. I was honored to be nominated by President Trump and confirmed with the Senate support. Secretary Kennedy himself swore me in on July 31, calling me a public health expert with unimpeachable scientific credentials. My tenure as CDC Director lasted 29 days. Since my removal, several explanations have been offered. That I told the Secretary I would resign. That I was not aligned with the Administration's priorities or that I was untrustworthy. None of those reflect what actually happened. I will share the details, but I want to be clear today should not be about me. Today should be about the future of trust in public health.

The events leading to my dismissal began weeks before August 25. On August 2, I learned from media reports that experts serving as liaison representatives to the Advisory Committee on Immunization Practices (ACIP), including those from major medical societies, had been removed from its working groups. The following week I heard concerns that the ACIP might alter childhood vaccine schedule at its September meeting, potentially without credible supporting data. On August 8, a gunman, driven by vaccine distrust, fired 180 rounds into CDC Headquarters in Atlanta—Killing Officer David Rose. In the days after the attack, I focused on security, staff, and ensuring the CDC could continue its mission. On August 19, I received a directive from the Secretary's Office that I now required prior approval from my political staff for CDC Policy and Personnel decisions. On August 21, I was told to return to Washington from Atlanta immediately which would have meant missing Officer Rose's Memorial—something I was not willing to do. When I did return, I was concerned about my ability to continue to lead the CDC while preserving evidence-based

decision-making--commitments I had made to this committee during my confirmation hearing. On the morning of August 25, Secretary Kennedy demanded two things of me that were inconsistent with my oath of Office and the ethics required of a public official. He directed me to commit in advance to approving every ACIP recommendation regardless of the scientific evidence. He also directed me to dismiss career officials responsible for vaccine policy without cause. He said if I was unwilling to do both, I should resign. I responded that I could not pre-approve recommendations without reviewing the evidence, and I had no basis to fire scientific experts. He told me he had already spoken with *The White House* several times about having me removed. For three decades I have worked at the intersection of public health, science, and technology innovation always challenging the status quo and welcoming the changes that come from research and discovery. Even under pressure, I could not replace evidence with ideology or compromise my integrity.

Senator Cassidy, M.D: Dr. Monarez, you's are almost out of time. I will be generous, but if you could speed up just a little?

Dr. Monarez: Vaccine policy must be driven by credible data—not predetermined outcomes. As I wrote in my September 4th Wall Street Journal OP-ED, I agree with President Trump. We should not hesitate to ask for proof about our vaccines, and I also agree with his most recent comments that vaccines are not controversial because they work. Demanding evidence is exactly what I was doing when I insisted CDC recommendations be based on credible science. I was never misaligned with the Administrations priorities. The goals Secretary Kennedy recently cited publicly: Protecting the public from threats, building infrastructure, modernizing systems, investing in the workforce, and enhancing scientific rigor were the same priorities I articulated at my confirmation hearing and began advancing during my short tenure. I remain supportive of those priorities. The question is whether they can be achieved without the expertise required at CDC. Regarding trustworthiness, I cannot define that word for Secretary Kennedy. I made commitments to this Committee that I would lead with integrity, transparency, purpose and work with Congress to maximize health outcomes and protect the American people. Secretary Kennedy told me he could not trust me. I had refused to commit to approving vaccine recommendations without evidence, fire career officials without cause or resign, and I had shared my concerns with this Committee. I told the Secretary that if he believed he could not trust me, he could fire me. The next day I was told I still had my job, but the Secretary's expectations remained: Approval of ACIP recommendations and dismissal of career scientists. I would not commit to that and I believe it is the true reason I was fired. Tomorrow the reconstituted ACIP will meet. Its composition has already raised concerns from the Medical community. Based on what I observed during my tenure, there is a real risk that recommendations could be made restricting access to vaccines for children and others in need without rigorous scientific review. With no permanent CDC Director in place, those recommendations could be adopted. The stakes are not theoretical. We already have seen the largest measles outbreak in more than 30 years which claimed the lives of two children. If vaccine protections are weakened, preventable diseases will return. I was fired for holding the line on scientific integrity, but that line does not disappear with me. It now runs through every parent deciding to vaccinate a child, every physician counseling a patient, and every American who demands accountability. I want to end where I began with my confirmation hearing. I spoke then about the value of hard work, paying my own way through college, and my lifelong dedication to science and public health. On August 25th, I could have stayed silent, agreed to the demands, and no one would have known. What the public would have seen was our scientists dismissed without cause and vaccine protections quietly eroded—all under the authority of the Senate-confirmed Director with unimpeachable credentials. I could

have kept the Office, the Title—but, I would have lost the one thing that cannot be replaced—my integrity. Some may question my motives or mischaracterize my words--that is part of public life, but I'm not here as a politician. I am here as a scientist, a public servant, and a parent committed to protecting the health of future generations. The question before us is whether we will keep faith with our children and grandchildren ensuring they remain safe from the diseases we fought so hard to defeat: polio, measles, diphtheria, whooping cough, and many others. Undoing that progress would not only be reckless, it would betray every family that trust us to protect their health. Thank you, and I look forward to their questions.

https://www.help.senate.gov/imo/media/doc/e7a31f2a-d31c-42bb-1a95-38e6abef8195/Monarez%20Testimony.pdf and on the *Internet Archive: http://web.archive.org/web/20250918140211/https://www.help.senate.gov/imo/media/doc/e7a31f2a-d31c-42bb-1a95-38e6abef8195/Monarez%20Testimony.pdf captured September 18, 2025.*

Senator Cassidy, M.D: Thank you. Dr. Houry.

00:42:33 **Dr. Debra Houry, M.D., M.P.H.**

Dr. Houry: Chairman Cassidy, ranking member Sanders, and distinguished names of the committee, thank you for the opportunity to testify today. Three weeks ago I made one of the hardest decisions of my career. I resigned from the CDC. I come to you as a Doctor, as a Scientist, and a Mom. For over a decade I worked as an emergency physician, treating patients where I saw first-hand how illness and death devastate families and loved ones—and even more devastating, when it is preventable. That's what led to my career in public health. I changed my focus from treating individual patients to protecting the Nation. I served 10 years at CDC under six Directors and four Administrations. In each case, priorities shifted, but decisions were grounded in evidence, transparency, and consultation with the World's best scientists. That has changed. I resigned because CDC leaders were reduced to rubber stamps, supporting policies not based in science and putting American lives at risk. Secretary Kennedy censored CDC science, politicized its processes, and stripped leaders of independence. I could not in good conscience remain under those conditions. America's progress in Health is one of the greatest success stories in history. A century and a half ago, life expectancy hovered around 39 years. Today it is nearly double that. And we got there through vaccinations, through safer food and water, through smoking cessation, and through the quiet, steady work of public health in every state and county across the country. There is certainly still work to be done to improve the health of our nation; but when we erode the institutions and processes, that deliver evidence-based interventions to detect, prevent, and respond to health challenges, as Secretary Kennedy is doing, we trade proven gains for avoidable harm. We know vaccines save lives. Yet all 17 voting of the members of the ACID, the committee that sets vaccine recommendations, were replaced with critics. Flu campaigns were halted despite 270 pediatric flu deaths last season, the highest non-pandemic total ever with 90% of those children being under or unvaccinated. We also saw the highest number of measles cases in 30 years with two children dying. Instead of promoting vaccines, the Secretary spread misinformation and promoted unproven treatments. CDC's labs and data systems are our nation's first line of defense against pandemics and biothreats, but those defenses are being weakened. Under the Secretary, global flu sample submissions have dropped by 60% and COVID samples by 70% leaving us with far less visibility into what's coming. At the same time, moving experts on birth effects and chronic disease out of CDC will fragment our response capacity. We learned during Zika and more recently with Oraush that reproductive health expertise was essential in these complex infectious diseases causing birth defects. Due to the Secretary's actions, our

nation is on track to see drastic increases in preventable diseases and declines in health. Trust and transparency have been broken. Here again, the problem is not too much science, but too little. I first learned that the Secretary had changed our CDC COVID vaccine guidance on an X-social media post. CDC scientists have still not seen the scientific data or justification for this change. That is not gold standard science. The Secretary's Office ordered the removal from our website of the CDC scientific document on thimerosal, an additive to vaccines that science has shown is not linked to autism, while allowing an unvetted presentation on thimerosal to happen at ACIP, containing scientific assertions that were not assessed for data quality and bias. That kind of last minute alteration undermines confidence in the deliberations that follow and is certainly not radical transparency. While at CDC, I worked with thousands of the hardest working, dedicated people I know who come to work every day to help all Americans live safer, healthier lives. My goal today is to provide real examples of the damage CDC is experiencing and offer constructive steps squarely within Congress's responsibilities. I look forward to your questions.

https://www.help.senate.gov/imo/media/doc/e7a31f2a-d31c-42bb-1a95-38e6abef8195/Houry%20Testimony.pdf and captured on the *Internet Archive* captured on September 18, 2025: http://web.archive.org/web/20250918140209/https://www.help.senate.gov/imo/media/doc/e7a31f2a-d31c-42bb-1a95-38e6abef8195/Houry%20Testimony.pdf

00:47:35 **Senator William Cassidy, M.D. (Chair, LA)**

Senator Cassidy, M.D: Thank you. Obviously, I was generous with Dr. Monarez. If and HHS officials come, I'll be equally generous with them. And by the way, I had said publicly that we would swear in the witnesses, but that would required consent of the minority, and the minority did not agree to that. So if I please that is…

Senator Sanders: When Secretary Kennedy came before us, he was not sworn in. To the best of my knowledge, no person ever before the HELP committee has ever been sworn which would require unanimous consent and it's certainly the right of the minority to object to that and he did.

Senator Cassidy, M.D: So, um, ...

Senator Collins: I would ask unanimous consent that the witnesses for this hearing and the subsequent hearing be sworn in.

Senator Cassidy, M.D: Unanimous consent motion has been made. Is there an objection?

Senator Sanders: Chairman Cassidy, I object to the requests to wave our committee rules. We did not swear in Secretary Kennedy. He appeared before this committee on two occasions and to change the rules right now in a highly politicized moment seems to be extremely unfair to Dr. Monarez and Dr. Hourty.

Senator Cassidy, M.D: But she is suggesting that we would do it for the HHS officials that came.

Senator Sanders: We have not done it. I think it is unfair. You did not swear in Kennedy on two occasions. I don't think you change the rules right now.

Senator Cassidy, M.D: Okay. I will note that it's against the law to lie to Congress anyway.

Senator Sanders: That's right.

Senator Cassidy, M.D: And so uh, but I do think putting people under oath sometimes makes them more believable.

Senator Sanders: We can discuss that for future hearings and maybe go along with that but not right now.

00:49:15

Senator Cassidy, M.D: Dr. Monarez, I just entered into the record the OP-ED from the Secretary and your report and both of those suggest you and Secretary Kennedy were actually pretty aligned on CDC priorities. How many times did you meet with the Secretary in you 29 days? Be brief. I've got five minutes…Are you on?\

Dr. Monarez: Uh, yes. Can you hear me? I met with him twice.—uh when he swore me in. Uh, he was in the room. He swore me in. Uh, and then I met him again on August 11th when he came down to tour the buildings that had been under the gunfire and we uh chatted briefly, um.

Senator Cassidy, M.D: And then you met the 25th as well?

Dr. Monarez: And then the 25th. That's correct. Yes.

Senator Cassidy, M.D: Okay. And how many meetings were during around the period of the 25th?

Dr. Monarez: We had three uh distinct meetings that day.

Senator Cassidy, M.D: Okay. And what did he tell you to do?

Dr. Monarez: In the first meeting?

Senator Cassidy, M.D: Yeah.

Dr. Monarez: Briefly. In the first meeting, he asked me uh to commit to firing uh scientists uh or resign. He asked me to pre-commit uh to signing off in each and one of the forthcoming ACIP recommendations uh regardless of whether or not there was scientific evidence.

Senator Cassidy, M.D: And what were those recommendations? Did you have a foreshadowing of what they would be?

Dr. Monarez: I did not. We did not get into any substance about …

Senator Cassidy, M.D: He wanted you to approve them.

Dr. Monarez: He just wanted blanket approval.

Senator Cassidy, M.D: Okay.

Dr. Monarez: And if I could not commit to approval of each and every one of the recommendations that would be forthcoming, I needed to resign. I did not resign. And that is when he told me he had already spoken uh to *The White House* about having me removed.

Senator Cassidy, M.D: Did he ever communicate he was going to change the childhood vaccination schedule?

Dr. Monarez: Uh, in the in, not until that very day. In that morning meeting, uh, he said that the childhood vaccine schedule would be changing starting in September and I needed to be on board with it.

Senator Cassidy, M.D: Did he ever suggest that the President was that he was speaking for the President?

Dr. Monarez: In that morning meeting, he did say that he had spoken to the President. He spoke to the President every day about changing the childhood vaccine schedule.

Senator Cassidy, M.D: Okay. Did Secretary Kennedy ask you to speak to anybody outside of HHS?

Dr. Monarez: He did uh in the second meeting that day. He indicated that one of his um colleagues or or collaborators, I don't know what the relationship is, was coming into town the following week and he wanted me to meet with that person.

Senator Cassidy, M.D: Who was that person?

Dr. Monarez: Uh the person was named Aaron Siri.

Senator Cassidy, M.D: Aaron Siri? Is he the trial attorney who um uh who wanted to get rid of the polio vaccine allegedly and President Trump slapped him down and said he couldn't do that? Is that the same Aaron Siri?

Dr. Monarez: Uh, I don't know the second part of that but I do know that there were public reports that he is the individual who had suggested getting rid of the polio vaccine.

Senator Cassidy, M.D: Okay. Um now Senator Secretary Kennedy told the finance committee that he did not ask you to preapprove but you are biased against the new ACIP and he just asked you to keep an open mind. Did he cite any data or science as relates to the potential ACIP recommendations to persuade you to support them?

Dr. Monarez: He did not have any uh data or science to point to. Uh, as a matter of fact, we got into uh an exchange where I had suggested that I would be open to changing childhood vaccine schedules uh if the evidence or science were supportive. And he responded that there was no science or evidence associated with the childhood vaccine schedule and he elaborated that CDC had never collected the science or the data uh to make it available related to the safety and efforts

Senator Cassidy, M.D: To be clear, he said there was not science or data but that he still expected you to change the schedule.

Dr. Monarez: Correct.

Senator Cassidy, M.D: Okay. Dr. Houry, Dr. Monarez has just said the Secretary directed her to accept vaccine recommendations without seeing them and for which there is no science. Related to tomorrow's ACIP meeting who decided what would be on the agenda?

Dr. Houry: So, I don't have great visibility into that. I know the senior adviser and HHS counselor worked with our staff and the designated federal official and proposed items.

Senator Cassidy, M.D: Okay. And who is the senior counselor?

Dr. Houry: The senior counselor, the senior adviser is Stuart Burns and the HHS counselor is Ren Archer.

Senator Cassidy, M.D: And those are political appointees answerable to the Secretary?

Dr. Houry: Yes.

Senator Cassidy, M.D: Is that the way the does normally the cabinet Secretary or political staff the agenda for a scientific meeting?

Dr. Houry: Not for the past decade I was at CDC.

Senator Cassidy, M.D: So this is the first time that's been the case.

Dr. Houry: Yes.

Senator Cassidy, M.D: And in preparing materials for the meeting, were you told to disregard science or to enhance science or how was what were you supposed to do?

Dr. Houry: For the last meeting we had developed

Senator Cassidy, M.D: I'm talking about this meeting coming up.

Dr. Houry: So, for this meeting uh we we didn't have work groups other than one for COVID. So CDC scientists were being asked by ACIP to develop questions and recommendations. I did suggest additional questions that the hepatitis B work group look at so they could look at differences in age groups. The senior adviser was concerned that could bias um moving away from a birth dose. I asked how asking questions and providing data could do bias if we didn't have the answers.

Senator Cassidy, M.D: Yeah. Biased against moving away. You're suggesting that they wanted to move away from the birth dose, but they were afraid that your data would say that they should retain it.

Dr. Houry: Correct.

Senator Cassidy, M.D: That's okay. Senator Sanders.

Senator Sanders: Thank you, Mr. Chairman. Uh, Dr. Monarez, at a September 4th hearing in the finance committee, Secretary Kennedy called you a liar for stating that you were fired because you refused to preapprove vaccine recommendations. Is that accurate? Are you a liar?

Dr. Monarez: That is not accurate.

Senator Sanders: Why did you believe it was so important for you to refuse to rubber stamp vaccine recommendations without seeing them or the evidence behind them? What did you fear was the worst case scenario if you had agreed to doing that?

Dr. Monarez: Um, I refused to do it because I have built a career on scientific integrity. And my worst fear was that I would then be in a position of approving something that would reduce access of life-saving vaccines to children and others who need them.

Senator Sanders: Okay. Uh, Dr. Monarez, um, the American Medical Association, largest physician group in America, 270,000 physicians; the American Academy of Ped Pediatrics, over 67,000 pediatricians; the American Academy of Family Physicians representing over 125,000 doctors; the American Osteopathic Association representing over 200,000 doctors; and the American College of Physicians representing over 160,000 doctors, they believe that vaccines are safe and effective. Do you agree with them?

Dr. Monarez: I do.

Senator Sanders: And what is your concern? What are the long-term implications for the well-being of our kids and the future of our country if faith in vaccine science is undermined?

Dr. Monarez: I believe preventable diseases will return and I believe that we will have our children harmed for things that we know they do not need to be harmed by: polio, measles, diphtheria, whooping cough. I worry about the ramifications for those children in illness and in death. I worry about our school systems. I worry about our medical institutions having to take care of sick kids that could have been prevented by effective and safe vaccines. I worry about the future of trust in public health.

Senator Sanders: Would you agree with me in suggesting that the overwhelming body of scientific and medical thought believes that vaccines have been a major public health advance for the people of this World.

Dr. Monarez: I absolutely agree with that.

Senator Sanders: Dr. Houry, during your testimony you talked about fears for the future. Several years ago as everybody in this country knows, we went through a terrible pandemic—a worldwide pandemic--we lost over 1,000,000 people. What are the--if trust in vaccines is diminished, if moms do not take their kids in to get vaccines, older people don't get vaccines—what will that mean in terms of our ability to save lives, if God forbid, another pandemic takes place?

Dr. Houry: So, we're already beginning to see that as we're seeing childhood vaccination rates decrease for example measles is down to about 92.8% that leaves over 200,000 kids now at risk for measles. So we are at risk for measles outbreaks and for the next type of pandemic--a novel pathogen--with some of the staff cuts we have faced, we have less ready responders, we have less visibility into global pathogens at this time as well.

Senator Sanders: What would have happened to our country and, in fact the World, if--and I don't agree with President Trump very often God knows--but if we had not developed Warp Speed and developed that COVID vaccine, did that in your view save millions of lives?

Dr. Huory: Operation Warp Speed absolutely saved millions of lives and was such a godsend for our country.

Senator Sanders: And if we don't have the capability to do that in the future, the implications will be?

Dr. Huory: We won't be able to have vaccines to save lives and protect people. We won't have that technology development, we won't have that platform, and we won't have people willing to accept vaccines.

Senator Sanders: And that will impact generally our country but people throughout the entire World.

Dr Huory: Absolutely.

Senator Sanders: Thank you, Mr. Chairman.

Senator Cassidy, M.D: Senator Paul…

00:59:41. **Senator Rand Paul. M.D. (KY)**

Senator Paul, M.D: Dr. Monarez, I agree with you completely that we need to restore trust in public health; but, in order to do so, we have to have a discussion about the actual science--so we can't have a discussion of-- this you know-- all vaccines are good, all vaccines are bad, this is about specific vaccines, it's about specific age groups, it's about specific policies. Does the COVID vaccine prevent transmission?

Dr. Monarez: The COVID vaccine can reduce viral load in individuals who are …

Senator Paul, M.D: Does it prevent transmission?

Dr. Monarez: When you have reduced viral load you will have reduced transmission.

Senator Paul, M.D: But, in other words, it doesn't prevent transmission. You can still transmit the virus if you've had the vaccine. In fact, there's been reduced ability to interfere with transmission over time and what we've found is the most recent one since omicron is down around 16% reduction if there is a reduction. Does the COVID vaccine reduce hospitalization for children under 18?

Dr. Monarez: It can.

Senator Paul, M.D: It doesn't. The statistics are inconclusive and the reason you can't prove that it does is there's so few people under 18 that go to the hospital. The numbers are extraordinarily small there's like 76,000,000 kids under 18 in our country--183 died and a few thousand went to the hospital in 2020 and 2021; and since then, the numbers have dropped precipitously; and the idea and the issue needs to be discussed; but the COVID vaccine is not reducing hospitalization, it's not statistically significant. Does the COVID vaccine reduce the rate of death for children under 18?

Dr. Monarez: It can.

Senator Paul, M.D: Once again,--it can--that's a ridiculous answer. No it doesn't and there is no statistical evidence that it does reduce the death rate. These are statistics we've looked at it. When they approved it, they had this discussion at the vaccine committee that we've been talking about. During the discussion they acknowledged that there was no proof of reduction in hospitalization or in death.

So what they did is they said: What can we use to try to make people take this vaccine? They came up with this: they said that if we give you a COVID vaccine, you make antibodies. So, really, the whole recommendation for having a COVID vaccine from six months up is not based on hospitalization data, not based on deaths, it's based on whether you make antibodies or not. And what people fail to see from this is: I can inject you with a foreign protein every week and measure antibodies. You'll make antibodies every time. It just means immunology work has nothing to do with whether you should get a vaccine every week. So when we're discussing the science here, we have to discuss what is the science in favor of giving the vaccine to a six month old and what are the benefits from that? And there is no benefit of hospitalization or death; and then what would the risks of the vaccine be? We have large population studies of the risks of the vaccine in younger people and it turns out that you don't see this as much if you look at the general population but once you start insolating by age group, which you have to do in COVID because there's such a disparity among age group, you find that there is a risk of myocarditis--a significant event and somewhere between 6--- and 8--- and 10,000 but that's much greater than the risk of hospitalization or death which are not even measurable because they're so small.

So you resisted firing people who have this idea that the COVID vaccine should be at six months. That's what this is about. You didn't resist firing the beautiful, the perfectly beautiful scientists that are career

people and unobjective and unbiased. You wouldn't fire the people who are saying that we have to vaccinate our kids at six months of age. That's who you refused to fire.

Dr. Monarez: So that assertion is not commensurate with the experience that I had with the individuals who were identified to be fired.

Senator Paul, M.D: Did any of the people you refused to fire--did any of the people you refused to fire…

Senator Sanders: …*[let her]* answer the question.

Senator Paul, M.D: Did any of the people you refused to fire believed that we should change the vaccine schedule and no longer force 6 month old kids to take it? Every one of them was adamant we should keep it in six months--everybody's alarmed--we're gonna change the childhood routine. Well, we should. There is no medical reason.

What is the medical reason to give hepatitis B vaccine to a newborn whose mom has no hepatitis?

Dr. Monarez: So none of the discussion points that you just brought up were ever..

Senator Paul, M.D: That's changing the childhood schedule.

Senator Sanders and Senator Cassidy, M.D: *[confusion of: will you let her answer the… regular order, regular order]*

Senator Paul, M.D: You had your time, Bernie and I've got mine. Look, this is the debate over changing the childhood schedule. The hepatitis B vaccine on the schedule is given to newborns. What is the medical scientific reason and proof from giving a newborn a hepatitis B vaccine if the mom is hep B negative?

Dr. Monarez: I want to go back to the assertion…

Senator Paul, M.D: What is the medical reason for giving a hepatitis B vaccine to a newborn? See everybody's like blithely going along--we can't change the childhood …-- you're somehow terrible if you want to change the childhood…--we should be discussing what is the childhood vaccine schedule? And you should be-- the burden is upon you—you want to all the kids take this—the burden is upon you and the people you wouldn't fire to prove to us that we need to give our six month old a COVID vaccine and that we need to give our one day older hepatitis B vaccine. That's what the debate ought to be about not whether all vaccines are good or whether we live in Alice in Wonderland.

Dr. Monarez: I actually agree with you and I was open to the science. I just would not pre-commit to approving all the ACIP recommendations without the science.

Senator Paul, M.D: Untrue.

Senator _____: Is the witness allowed to answer that question or do I have to use my time?

Senator Cassidy, M.D: Do you have more to say, Dr. Monarez?

Dr. Monarez: I just--the last thing I wanted to say about those scientists, we had never discussed any of their thoughts, considerations…

Senator Cassidy, M.D: We being, who's we?

Dr. Monarez: Me and the scientists that I was being asked to dismiss. As far as I know, they had never said that they are pre-committed to maintaining any of the decisions that had been made. All of us had agreed that the science evolves and we need to see the data and the evidence to ensure that we are protecting our children.

Senator Cassidy, M.D: Ok. …

01:06:05. **Senator Patty Murray (WA)**

Senator Murray: Thank you, Mr. Chairman. In May, Secretary Kennedy announced in a video on social media that the COVID vaccine was no longer going to be recommended under CDC guidelines for most children and pregnant women. The fallout was actually immediate. I heard from a nurse in my state who was pregnant. She was trying to get the vaccine. She was turned away by several pharmacies and ended up calling my office and saying what am I going to do? Doctor Houry, I wanted to ask you how did you learn about CDC's new COVID vaccination guidance in May?

Dr. Houry: The same as you on social media.

Senator Murray: What was your title at CDC when that happened?

Dr. Houry: I was the Chief Medical Officer of the Agency.

Senator Murray: It's unthinkable to me that the Chief Medical Officer at CDC was left in the dark about such a consequential public health decision that affected real people. Dr. Houry, how was this change in guidance supported by scientific evidence?

Dr. Houry: We have not seen the data yet in fact after the tweet came out, we asked for a written memo from HHS because I couldn't implement guidance off of a tweet. The written memo didn't say the same as the video--there was a difference between healthy versus…

Senator Murray: You can't, you can't provide guidance enough of a tweet?

Dr. Houry: I didn't think that was prudent. And then we did ask for the data to back it up and we have not received the data to date.

Senator Murray: To date no evidence—OK. Well, the Secretary has made very clear that he wants to change the childhood vaccine schedule for measles and chicken pox and hep B as well as the COVID vaccine recommendations, and, as we all know, the ACIP is meeting tomorrow to consider those recommendations. Doctor Monarez and Dr. Houry, I want to I ask you both: Are you aware of any scientific evidence to support changing the age of which children should get these vaccines that's being considered by this committee members?

Dr. Monarez: *sorry apologies (the microphone was off)* I am not. I was certainly open if there were scientific data sets or evidence associated with anything that would help keep our children safe. I was open to seeing it. I have not seen that data.

Senator Murray: Dr. Houry?

Dr. Houry: Dito, we've asked for the data and asked for the modeling to support any decision that is done.

Senator Murray: Are either of you aware of any scientific evidence to support changing eligibility for COVID vaccinations?

Dr. Monarez: I have not seen any evidence.

Dr. Houry: No.

Senator Murray: I think it's pretty alarming that if there was such data the CDC Director and the Medical Officer would absolutely be aware of it; and apparently, there is none. I wanna continue asking about the ACIP. Doctor Monarez, you mentioned that Secretary Kennedy asked you to pre-approve the September 8th vaccinations a month before the Committee was scheduled to meet without knowing what they were or what evidence that was based on--correct?

Dr. Monarez: Correct.

I find that troubling and ironic given what Secretary Kennedy said in June when he fired all 17 members of the ACIP without cause and called them quote: a little more than a rubber stamp--that's exactly what he wanted you to be, for the new, for his new board of unqualified vaccine skeptics. The former members of the ACIP actually met in April. Dr. Monarez and Dr. Houry, would you feel confident telling parents they could trust the recommendations of the advisory committee that were made back in April?

Dr. Monarez: –umm—I…

Senator Murray: Before they were fired.

Dr. Monarez: I would say that the individuals that were participating in April had the commensurate skill sets and background to be able to evaluate the decisions before them. The processes were regular in terms of using the evidence to recommend. There were working groups that substantiated this the information. There was robust deliberation during the ACIP meeting. I would, I would say that it comported to the standards where the Americans could trust them.

Senator Murray: Dr. Houry?

Dr. Houry: Agreed, the data was presented and the, the committee was filled with experts with experience.

Senator Murray: The newly chosen ACIP members met in June and they're going to meet again tomorrow. Will you, either of you, feel confident telling parents they can now trust the ACIP recommendations that come out of this week's meeting?

Dr. Monarez: I'm very nervous about it. I don't know--they haven't met yet. I know that the medical community has raised concerns about whether or not, again, they have the commensurate backgrounds to be able to understand the data and the evidence and to evaluate it appropriately. I haven't prejudged. I don't know what will happen, but I certainly will be watching.

Senator Murray: Dr. Houry?

Dr. Houry: I have significant concerns as the public hasn't been able to weigh in. The general vote have been posted two weeks ago, so the public knew what was being discussed. Within high level things there haven't been work groups other than for COVID, and there haven't been, the as of yesterday, the data hadn't been posted yet. So it's unclear to me what decisions were being made.

Senator Murray: Thank you, thank you, thank you very much Mr. Chairman.

Senator Cassidy, M.D: Senator Collins.

01:11:24. **Senator Susan Collins (ME)**

Senator Collins: Thank you, Mr. Chairman. Doctor Monarez, the recent turmoil at the CDC only serves to further undermine public confidence in its recommendations. You've had a very unusual tenure there-- to say the least. You started out as the Acting Director and had a good relationship with Secretary Kennedy such that he recommended your appointment to the President. Then you were confirmed by an unanimous Republican vote but opposed by every Democrat and every Independent in the Senate. Then less than a month on the job, you were abruptly fired. So, I wanted to discuss with you further the grounds for your firing even though I recognize the President has that authority, but, as many of us have said, we just changed the law to make the CDC Director appointed or confirmed by the Senate, and thus we have a duty here.

First of all, Senator Kennedy, Senator Kennedy, Secretary Kennedy replaced every single member of the advisory committee. Did he consult with you about any of the replacements?

Dr. Monarez: No.

Senator Collins: When you met with him on August 25th you have testified that he asked you to approve the recommendations of the new members of the Committee regardless of what they were--is that correct?

Dr. Monarez: That is correct.

Senator Collins: So, Secretary Kennedy in testimony before the Finance Committee has denied asking you to do that, is there any doubt? Could you describe the discussion that you had on that issue.

Dr. Monarez: Yeah, I'm happy to: The Secretary in that morning meeting was very upset, very animated, and he said with regard to that particular topic: I have heard that you may not sign off on the forthcoming ACIP recommendations; and, I said, I cannot sign off on something before I see the data and the evidence. And he said and, and, and elaborated on this for, for some period of time that there is no data and evidence. There is no science that—the CDC has never collected the data, the evidence, and the science associated with the safety and efficacy of the vaccines and that I needed to commit to signing off on each and every one of those recommendations; and if I could not commit to that, then I needed to resign.

Senator Collins: What are the implications for public health if important scientific decisions at the CDC are made by the political staff rather than the career scientists?

Dr. Monarez: It concerns me--It really concerns me as you are aware and, and Dr. Houry can elaborate on these are very important highly technical discussions that have lifesaving implications for our children and others who need vaccines and if you don't have the commensurate skill sets or the ability to ask the right questions and you're willing to sign off on decisions that are not made with the best available data and evidence, it does put at risk our children, it puts at risk others who need these vaccines, and it takes us into a very dangerous place in public health.

Senator Collins: Dr. Houry, did HHS's response to the measles outbreak earlier this year differ from its response to other infectious disease outbreaks in your previous interactions with the Department.

Dr. Houry: Yes, in several ways. First, I never briefed the Secretary as did the, the Center Director who oversaw measles never briefed the Secretary. And an outbreak response usually you would be briefing leadership. The second thing is he said things like vaccines had fetal parts and I had to send a note to our leadership team to correct that misinformation. We were also asked to include things like budesonide and clarithromycin in our toolkits for physicians. And I couldn't allow that--as there wasn't evidence for that and would result in harm.

Senator Collins: Thank you, thank you, Mr. Chairman.

01:16:43. **Tammy Baldwin (WA)**

Senator Baldwin: Dr. Martinez and Dr. Houry, thank you for being here today and being willing to provide this Committee with information about what is happening at the Centers for Disease Control and Prevention under Secretary Robert F. Kennedy Jr.'s leadership. Despite his proclamations of radical transparency, Secretary Kennedy has consistently failed to provide information to Congress as he continues to undermine public health from his role in the Trump Administration. You've heard from me before having Secretary Kennedy in charge of the health of Americans is dangerous, and what we're hearing from you today really underscores this for me. Dr. Monarez, when your confirmation was before the Senate, I had my doubts that anyone in your position would be able to stick to the science and stand-up to Secretary Kennedy as he compromises the health of the country in order to further his own ideas and agenda. I am pleased to see that you and other senior members of the CDC like Dr. Houry did stand up to him when the time came. You've both spoken about censorship and requests to compromise scientific integrity. Dr. Monarez, did Secretary Kennedy ever give you instructions on how you should interact with Members of Congress?

Dr. Monarez: He did. After the morning meeting, I became very concerned. I was alarmed that I was not being consistent--I would not be consistent with those areas that I had committed to this Committee, that I would do: transparency, integrity. And I had reached out to the committee to share my concerns. Secretary Kennedy became aware of that and he was very concerned that I had spoken to members of Congress and he told me I was never to do it again.

Senator Baldwin: Congress and the American people need to know what is happening at the CDC and this censorship is not radical transparency and it is unacceptable. Dr. Houry, I was shocked to learn that you found out about the changes to the COVID vaccine policy on the social media platform X. Decisions like this must be made in consultation with CDC experts because otherwise we are left wondering who is advising the Secretary of Health or if his own conspiracy theories are enough to dictate who can get a vaccine. Dr. Houry, did you ever brief Secretary Kennedy?

Dr. Houry: I never briefed him. I accompanied him on a tour of the CDC after the shooting.

Senator Baldwin: Did your center directors ever directly brief Secretary Kennedy?

Dr. Houry: They did not.

Senator Baldwin: You were the Chief Medical Officer at the CDC, would you say that it is harmful to the public if the Secretary is not informed by experts like yourself?

Dr. Houry: Very much so.

Senator Baldwin: Would you--how would you characterize Secretary Kennedy's approach to working with scientific experts at the CDC?

Dr. Houry: You know, we would have loved to have had the conversations with him. I offered to two different HHS leaders that we would like to brief the Secretary. He never received that and many times I would send emails to our leadership team to share with HHS when he did say things that weren't scientifically correct, so that we could help support him; but we again, our requests were not received to brief him.

Senator Baldwin: So tomorrow, ACIP is set to discuss childhood vaccines and based on what we've seen happening Under Secretary Kennedy's leadership, we have to expect it will produce weaker recommendations for these vaccines. At the same time, there is no Senate-confirmed CDC Director in place. Secretary Kennedy has installed someone he has convinced will rubberstamp whatever decisions his anti-vaccine advisory members make as the Acting Director.

In Wisconsin, there are currently 36 cases of measles—all in unvaccinated individuals: 22 of whom are children. I am thankful that we have not seen any deaths yet as we have in Texas. Dr. Houry: You have seen firsthand in the ER what vaccine preventable disease can do. What would an increase in vaccine preventable diseases mean for children and families across the country?

Dr. Houry: It's gonna be heartbreaking--not only will it overwhelm our healthcare system but children will have--some of them will be deaf. You know, we've seen congenital measles cases in the US and I think what concerns me is these aren't harmless diseases. We just saw the case in California of a young child that died of encephalitis some years after measles. These diseases have long-term consequences. And, we don't need, and in the US, we have gone so far in reversing this, we don't want our children to die.

Senator Cassidy, M.D: We'll go next to Dr. Marshall and then for the sake of the committee after that we'll take a 15 minute break to go vote and then we will we will come back and continue. Dr. Marshall…

01:22:28 **Roger Marshall, M.D. (KS)**

Senator Marshall, M.D: Dr. Monarez, despite the President's executive order, did you encourage people to work remotely ever?

Dr. Monarez: I do not encourage people to work remotely.

Senator Marshall, M.D:OK, there were allegations that you took some of the political appointees and you you basically took them out of your orbit, out of your office area. Did you reassign office location, desk location, for the political appointees.

Dr. Monarez: I do want to go back to your first question. After the shooting, I allowed staff to work remotely.

Senator Marshall, M.D:OK, you can give us the details that later. The second question, did you push political appointees out of your main office area or reassign the political appointees seating.

Dr. Monarez: I brought some political appointees in.

Senator Marshall, M.D: My question is: did you move some out?

Dr. Monarez: So, there were--there's a limited number of offices in my…

Senator Marshall, M.D: Did you-- as a yes or no. Did you move political appointees out of your main orbit?

Dr. Monarez: …and I brought other political appointees in.

Senator Marshall, M.D:OK, you can give us the details of that later. Do you believe every child who were the age of 6 months should have a COVID vaccine at least annually?

Dr Monarez: I believe that is a discussion that a parent needs to have with their pediatrician and if it is right for that child based on the risk, then that child should have the opportunity to get the vaccine.

Senator Marshall, M.D: If there's reports come out that show that indeed the COVID vaccination led to the death of children—would that influence your advice?

Dr. Monarez: I certainly would want to know about that.

Senator Marshall, M.D:OK. The CDC currently recommends between 70 and 80 shots over the child's lifetime. Do you fully support that recommendation that every child needs every vaccine as recommended by the CDC.

Dr. Monarez: The data associated with those recommendations has been validated and vetted and that is the current schedule.

Senator Marshall, M.D: So, you, you agree that the you support every child needs every vaccine that's on the CDC recommendations--all 70 to 80 jabs.

Dr. Monarez: The childhood vaccine schedule has been vetted and validated through science and evidence. The almost 20 different diseases that are mitigated through those vaccines are very important. I think that every parent should have the opportunity to talk to their pediatrician and make sure that they understand the benefits and the risks of those vaccines and what is in the best interest of their children.

Senator Marshall, M.D: Do you believe any or all of those should be mandated.

Dr. Monarez: CDC does not mandate vaccines. What the CDC does is provide the evidence associated with the recommendations so that a parent and a physician can make the best determination for them.

Senator Marshall, M.D: When you we're considering this job as CDC director was there ever any doubt in your mind that you could fulfill the mission to work with Secretary Kennedy.

Dr. Monarez: There wasn't--I have worked for political appointees and politicians for almost 20 years and, in my experience, has been when it comes to critical important issues like science and medicine, data has always been paramount and it has always been the core driver to how we work together.

Senator Marshall, M.D: Would you agree with me, though, at,. at at this point in time, that you're not the right person for this job—that, that your, your belief system thinking that every child needs every vaccine which is what your CDC does every every child needs every vaccine all 70 to 80 of them is certainly a different mindset than Secretary Kennedy's; and that if, if, if the university president--I think a great sports analogy to do this but the university president and the athletic director decide you're not the right coach for this team, then it's probably time to say, say goodbye, and we need a new coach. Would you agree that, that certainly you're going in a different direction philosophically than Secretary Kennedy is?

Dr. Monarez: So, I will stand behind scientific integrity with every decision I ever make. If, if I am in position of having to say I will cede the scientific integrity to retain my job, then I am not the right person for the position. I believe that we must have science and evidence to support the best decisions for our children and others who would benefit from vaccines.

Senator Marshall, M.D: So, I think here's the biggest difference in philosophy that I see, I think the CDC is the cause of vaccine hesitancy--that you are the problem--that because of COVID and you're forcing these vaccines on people that were never really proven or justified that the benefits didn't outweigh the risk, and you all sit there with your hands in your pockets and you let that happen, and then you with this hepatitis vaccine be at one day of age be forced upon everybody that and, all of a sudden, the moms and the grandmas never trust you because you, you're trying to force a vaccine that's not necessary at age at day one. If you're going into nursing school medical school, absolutely you need you should consider the hepatitis vaccine but basically what the CDC does is act like a mandate, and you force doctors that don't agree with you to, to, to keep patients out of their clinics because they don't want their child to be exposed to a vaccine that was approved after just like 140 patients took it but being followed up for five days. It just makes no sense to me that every person needs every vaccine. But regardless, some of the vaccines have done incredible work. They are a miracle. They've done a great job. The basic vaccines that we got in the 60s and 70s: polio, MMR, D-tap--those seem to be great vaccines that have told the test of time, but your attitude here that every person needs every vaccine is completely contrary to Secretary Kennedy's philosophy and the mission of the President--thank you.

Senator Cassidy, M.D: So as announced earlier, we'll stand in recess subject to the calling of the Chair. I expect there'll be about 15 minutes. We asked the members of the audience to stay in your seats so the witnesses can retreat to the holding room. We'll be back.

Recess 01:28:29 - 01:49:41

Senator Cassidy, M.D: Will come to order and as I said earlier, that some of our colleagues who are staying on the floor for the next vote and so we will go ahead and start with who we have here expecting people to show up; but in the meantime Senator Hassan is the beneficiary as she leaps 3 people. So, Senator Hassan.

01:50:00 **Senator Maggie Hassan (NH)**

Senator Hassan: Thank you very much Chair Cassidy, Dr. Monarez, and Dr. Houry. Thank you for being here today. Dr. Monarez, during your confirmation process I was frankly unsure about whether you would stand up to Secretary Kennedy. Thank you for standing up to Secretary Kennedy and again for being here today. During your confirmation hearing, Dr. Monarez, I asked you whether you would follow the law or follow orders that would violate the law and you said that you did not believe that you would be asked to break the law. In your testimony, you say that you were asked to take actions that violated your oath of office which is an oath to support and defend the Constitution and to well and faithfully discharge the duties of the office. What directive did you receive that would have violated your oath of office?

Dr. Monarez: It was actually the latter part that concerned me. Well and dutifully execute the functions of the office and being asked to compromise scientific integrity associated with those decisions and to fire individuals without cause gave me pause about that particular phrase.

Senator Hassan: Is it fair to say that one of the ways you could describe your duties of the office is to protect the health of families and children by making sure you adhere to science?

Dr. Monarez: That's exactly right.

Senator Hassan: Thank you. Doctors, you've shared today Secretary Kennedy demanded that you blindly rubberstamp his future vaccine decisions. When you pushed back on Secretary Kennedy's demands, how did he react?

Dr. Monarez: He was very upset. He had, *[he at that]* the entire meeting was very tense. He was very upset throughout the entirety of our discussion, and it, it was not a productive exchange of information.

Senator Hassan: What was the secretary's reaction when you raised the need to consult scientific evidence before making decisions?

Dr. Monarez: I'm sorry, what was that?

Senator Hassan: What was the secretary's reaction when you raised the need to consult scientific evidence before making decisions?

Dr. Monarez: Yeah, it was, this is when he stated that CDC had not collected the data or the science--there was no scientific evidence associated with these vaccines. He said that CDC had, had failed in its duties to be able to, to appropriately evaluate the safety, the efficacy, never had conducted clinical controlled clinical trials, placebo-controlled clinical trials associated with the vaccines. He made another set of assertions associated with CDC that were particularly pointed and particularly hurtful and disparaging. He called, in that context, CDC the most corrupt federal agency in the world and besides CDC employees were horrible people. He had said that CDC employees were killing children and they don't care. He said that CDC employees were bought by the Pharmaceutical Industry. He said CDC forced people to wear masks and social distance like a dictatorship; and, the one I think that hurt me the most, was a particularly vivid phrase: He said during the COVID outbreak CDC told hospitals to turn away sick COVID patients until they had blue lips before allowing them to get treatment.

Senator Hassan: And it is fair to say in your view that those statements are not true?

Dr. Monarez: Those statements are not true.

Senator Hassan: Thank you. What was the secretary's temperament as you pushed back?

Dr. Monarez: He was very, he was very upset with me. The temperament was similar to the, the times under duress during the Senate Finance Committee hearing--if that is helpful. He was, he was extremely animated towards me in that room.

Senator Hassan: Was the Secretary's thinking and reasoning clear to you during those meetings.

Dr. Monarez: The Secretary was clear in the two things that he was demanding of me: demanding to fire those scientists and demanding of the approved, pre-approval of the vaccine recommendations. Some of the things that he was talking about were clearly not aligned with the scientific evidence that I knew related

to safety and efficacy and placebo-controlled trials and the conversation seemed to change points very quickly. It was, it was hard sometimes to follow the logic that he was putting forward, and again, it was, he was very, very upset and very animated.

Senator Hassan: Thank you and Mr. Chair, if I could, I have a yes or no question and then we will be done.

You said that the secretary spoke at length about the CDC. During that time, did he ever express condolences for the police officer who was killed during the recent shooting of the CDC or the two children who died of measles this year during that meeting.

Dr. Monarez: During that meeting, no.

Senator Hassan: Thank you. Thank you, Mr. Chair.

01:55:44 **Senator Tommy Tuberville (LA)**

Senator Tuberville: Thank you, Mr. Chairman--you and I spoke, I guess, a little over a month ago in my office; and we talked about trust, and that was really was my number #1 concern because President Trump was elected by the American people to make change. And our healthcare system during COVID, there was a lot of things that were exposed. CDC was one of them. We were looking for somebody that could run the CDC for change and get the trust back to the American people. Do you agree or disagree that the CDC Director reports to the HHS Secretary?

Dr. Monarez: The CDC Director does report to the HHS Secretary.

Senator Tuberville: Yeah. Do you believe the President Trump has a right and authority to pick his cabinet?

Dr. Monarez: He does.

Senator Tuberville: OK. After you were nominated, did you, what kind of conversations did you had, have with Secretary Kennedy before your confirmation or was there any?

Dr. Monarez: Between the nomination and the confirmation, I don't believe, I don't recall any engagement.

Senator Tuberville: What, what about before your nomination period?

Dr. Monarez: We did have some conversations—Yes.

Senator Tuberville: Very positive, I hope?

Dr. Monarez: He was excited about, the, my priorities restoring trust, transforming public health infrastructure, modernizing the agency, preparing for the next pandemic. We had some productive engagements about the technological innovations that I wanted to bring to CDC. I was enthusiastic—and I believe he was as well.

Senator Tuberville: So, the problem I have here, is, is, you know, probably this conversation should have been maybe a little bit more private of, of, of… After all, this, that's how I handled all mine if people were let go, back when I had some kind of control over a situation. But, that being said, it's hard to explain, you know here, to find out who's telling the truth because there's a lot of discrepancies on both sides. After Secretary Kennedy and, now you here today. The American people want bureaucrats to understand you're not elected. We didn't elect you. We want you to do your job—OK--and I think you'll agree with that.

America needs better than this at the end of the day and so I'm gonna ask you some questions here, and you know: Did you tell the Secretary you were untrustworthy?

Dr. Monarez: He asked me, uh, he didn't ask me--he told me he could not trust me--he told me he could not trust me because I had shared information related to our conversation beyond his staff. I told him, if you cannot trust me, then you can fire me.

Senator Tuberville: OK. Did you remove or work to actively undermine political leadership appointed by President Trump?

Dr. Monarez: I don't believe so.

Senator Tuberville: Anybody in the CDC—nobody--did you remove once you got into office was anybody removed?

Dr. Monarez: No one was removed…

Senator Tuberville: Fired--Where they changed positions?

Dr. Monarez: There were no political appointees that I changed positions.

Senator Tuberville: OK. Did you refuse to update the CDC website despite being instructed to do so including things from the CDC website like: birthing people, Health Equity--a policy that came down from the President United States? Did you refuse to do that?

Dr. Monarez: No.

Senator Tuberville: Not whatsoever?

Dr. Monarez: I did not refuse to do that.

Senator Tuberville: OK, that's all I got Mr. Chairman.

Senator Cassidy, M.D: Thank you. I ask you now to enter by unanimous consent to enter the following which has come out while we have been in this meeting from the Washington Post. In an August 19th e-mail to Moneraz, Matthew Buckham, Chief of Staff at the Department of Health and Human Services wrote: "I want to elevate the absolute need for political review of major policy decisions at CDC." By the way this e-mail was to Doctor Monarez. He added that Kennedy's office and CDC political leadership should: "have eyes on the decisions for approval changes before they go into effect", and I will enter that into the record without objection. Senator Murphy.

02:00:23. **Senator Chris Murphy (CT)**

Senator Murphy: Thank you very much, Mr. Chairman. First, I just want to understand how unprecedented this moment is and how unprecedented these changes are that are compromising our families and our kids safety--just some simple yes and no questions. I think they're yes and no questions. Dr. Menarez is there any precedent for a new administration dismissing the entirety of the vaccine Advisory Board and appointing a note, a totally new board?

Dr. Monarez: I have not had any awareness of that happening previously.

Senator Murphy: Is there any precedent for the CDC Director being required to clear personnel and policy decisions with political staff in the way that you were requested?

Dr. Monarez: That has never been my experience.

Senator Murphy: And is there any precedent for the CDC Director to be asked to pre-approve vaccine recommendations without ever having actually seen the recommendations themselves or the medical and scientific evidence backing them up?

Dr. Monarez: I have never experienced that.

Senator Murphy: You stated in a previous answer to a question that during your August 25th meeting the Secretary referenced that he had spoken to President Trump about his feelings about the childhood vaccine schedule. You testified that he had previewed for you that there were going to be some significant changes coming. Did he give you the impression that the President supported the changes that he was going to be pushing on the child vaccine schedule?

Dr. Monarez: That was the impression that I got. I have no way to substantiate whether the veracity of that.

Senator Murphy: Your op-ed opens with a harrowing account of the August 8th shooting and clearly both you, the entire leadership, and the entire building is still reeling from that moment--180 rounds being fired into the CDC. What a traumatizing event. I want to ask you about your fears and Dr. Houry--be glad to hear your thoughts as well, for the safety of our personnel at the CDC and the medical profession at large if more and more people believe that those that are recommending vaccines for our children and our families are hurting people. Clearly, you have to be unhinged to take a gun and fire it into a medical building, but these conspiracy theories about vaccines and about the people who are recommending vaccines, I fear they come with consequences. Do you fear for the safety of the CDC and the medical personnel with these beliefs about the CDC actually recommending things that hurt people continue to become mainstream?

Dr. Monarez: I do worry about that. I myself was subject to threats and I am very concerned that the further promulgation of misleading information will undermine not just the safety and health of our children but it will also exacerbate some of these tensions. The, the, the, the, the willingness to commit harm if someone is affronted by a, a belief that the people like us that are trying to help them are actually not trying to help them.

Dr. Houry: and, I would just say, it was 500 rounds--it was 180 that hit the building…

Senator Murphy: ...hit the building.

Dr. Houry: Now those are--each bullet was meant for a person, and each of my staff we're very traumatized afterwards. I had staff that were covering their kids in the daycare parking lot. There were people that were out at the rideshare as bullets were passing over their heads. I have many that won't speak about vaccines now and remove their names off of papers. They don't wish to present publicly anymore because they feel they were personally targeted because of misinformation.

Senator Murphy: So, you know personnel who now will not put their name behind good science.

Dr. Houry: Correct.

Senator Murphy: They know that they know would protect the health and safety of families and children because of their fear of violence.

Dr. Houry: Correct, and even at the ACIP meeting, you'll notice, we don't have our subject matter experts presenting anymore. It's taken up to a leadership level because we did that to protect our staff and scientists so that they would be disconnected and their names not associated, so that they won't be targeted.

Senator Murphy: Thank you both for, for your candor today and your service to the country.

Senator Cassidy, M.D: Senator Banks.

02:05:12 **Senator Jim Banks (IN)**

Senator Banks: Dr. Monarez, I understand you have retained attorneys to dispute your firing. Is that correct? I believe they're with you today?

Dr. Monarez: Not just to dispute the firing. I have been fired. They're here to help me prepare for this--to make sure that I was in a position to be able to communicate effectively what transpired.

Dr. Banks: So their purpose is to support you just for today, or is there another purpose that those attorneys…?

Dr. Monarez: They have been supporting…since..knowing that there was so much complexity associated with what happened.

Senator Banks: I'm curious if--did Mark Zaid connect with you or did you did you reach out to him.

Dr. Monarez: I, I believe, I did…

Senator Banks: How did you connect with him?

Dr. Monarez: I was given his, his contact information.

Senator Banks: He didn't contact you?

Dr. Monarez: I don't actually recall.

Senator Banks: You just said a moment ago, that you, that you were given his contact information. Who gave you his contact information?

Dr. Monarez: I received it from a number of different individuals. I think with my termination being as abrupt as it was, people were concerned about the support structures that I would need to be able to, to make sure that I…

Senator Banks: I just want to make this clear –you, he didn't reach out to you? You were given his number and you, you reached out to him? Is that correct? That's what you just said, is that…

Dr. Monarez: I think, I believe that that is correct although I don't have perfect…

Senator Banks: I ask one more time, he didn't reach out to you?

Dr. Monarez: I don't believe he reached out to me.

Senator Banks: Of the thousands of lawyers that you could hire to help you through this process, why Mark Zaid?

Dr. Monarez: You know—look, the moments, the hours after I had been terminated, I was concerned in a number of different facets associated with my termination. One of the things that I wanted to make sure was I, I did was have clarity of understanding of what had transpired and what would I…

Senator Banks: You don't, you don't seem naïve at all. You, you have to know that Mark Zaid is a leading opponent of President Trump--notorious for his online activity that is very anti-Trump. He was heavily involved in President Trump's first impeachment. Why, why did you hire a guy like that of all the thousands of attorneys; and, and furthermore he advised his clients to leave the country after President Trump won the 2024 election? Why would you hire a guy like that?

Dr. Monarez: So, I actually was not aware of any of those details associated with Mark.

Senator Banks: Right, he's right behind you--brought him with you today. Notorious for his anti-Trump activity and involvement; and you hired, you hired that guy.

Dr. Monarez: Yeah, so I was seeking some critical counsel to be able to help me make sure that I was understanding and aware of everything that had transpired and preparing for what might be next including this Committee hearing. Mark Zaid and I have never spoken about politics. I never asked him about his politics. He has never asked me about my politics. He is a well-credentialed counsel.

Senator Banks: So, you're claiming to be naïve about Mark's Zaid's political activity as he sits behind you--advising you for this hearing.

Dr. Monarez: I have not…

Senator Banks: …helping you through this process.

Dr. Monarez: I have not had any discussions with Mr. Zaid associated with his politics.

Senator Banks: That's astonishing. Docter, during your confirmation hearing you testified about your priorities to: "…support President Trump and Secretary Kennedy's vision of a healthier America." That, that, those were your words--did your priorities change along the way?

Dr. Monarez: My priorities have not change.

Senator Banks: And when you were serving as acting CDC Director and then nominated and confirmed, you obviously understood President Trump and Secretary Kennedy's priorities: the, the MAHA priorities. You, you obviously understood those. What changed along the way?

Dr. Monarez: The only thing that changed was my, the demands that I compromise my integrity. I still support that we need to make our children healthier. I still support that we need to do all of the things I have…

Senator Banks: …you, you determined along the way that you weren't aligned with President Trump and Secretary Kennedy.

Dr. Monarez: I did not, I did not.

Senator Banks: OK, tell us more about the conversation that you had with Secretary Kennedy about your trustworthiness.

Dr. Monarez: He had become so, so, three things that happened…

Senator Banks: …and you, you denied to Senator Tuberville that you, you yourself told Secretary Kennedy that you are untrustworthy.

Dr. Monarez: I did not say…

Senator Banks: How did you say that?

Dr. Monarez: He asked me so, look, that morning I had been clear that I was not going to fire scientists. That I was not going to precommit to preapproving vaccine recommendations without data and science. I had been very alarmed at the demands; and I had reached out as, as part of what I understood my obligations to communicate that to this Committee. The Secretary became aware of that, and, in the context of those activities, he told me he could not trust me. I told him, that if he could not trust me, he could fire me.

Senator Banks: That's all I got. I yield back.

Senator Cassidy, M.D: Next is Senator Hickenlooper.

02:11:10 **Senator John Hickenlooper (CO)**

Senator Hickenlooper: Thank you, Mr. Chair. I thank both of you for being here today and for, for your service--time was really valuable. Let me ask you a rhetorical question: Secretary Kennedy told our colleagues on the Finance Committee about vaccine access. He said most Americans are going to be able to get it from their pharmacy for free. Everybody can get it. But that's not true, is it?

Dr. Houry: My mom lives in Virginia and she was unable to get it.

Senator Hickenlooper: Great. I mean, I, I realized with you out of office you don't have access to those informations but about half of all American kids get free vaccines through the vaccines for children program. This is now at a standstill waiting for guidance from the CDC. States like Colorado are trying to lead by issuing separate guidance for their states about vaccine access. Obviously, that's a, that's a lot of friction and confusion. Many insurance plans defer to federal recommendations to determine coverage of vaccines--leaving many families with bills that can range into the hundreds of dollars just for vaccines; and pharmacies across the country from the confusion, they're not sure if they can administer the vaccine or even if they have it in stock. So, I think we've got a real problem to navigate, that we've got to be able to look at it. Dr. Monarez, during your tenure as CDC Director, your short-lived tenure, you tried to implement guardrails to reinforce the Advisory Committee on Immunization Practices or ACIP. Given the Secretary's actions, do you still agree that we need those guide rails or guardrails?

Dr. Monarez: Yeah, what I was trying to implement was what I had testified here on June 25th is transparency, accountability, and integrity to the processes; and what I had proposed was a transparency measure such that any information that was going to be used by the ACIP in a deliberative manner, be made available to the public six weeks in advance of the ACIP meeting--a sufficient time that scientists, public health practitioners, and others would be able to see the information, see the data, and then watch the ACIP

meeting, understand how that evidence was used to support the decisions, the recommendations that were coming forward. And then I'd propose that perhaps we would have a backend transparency period-of-time where, if there was new information that had been introduced or the way that the information was contextualized at the ACIP meeting, that we would have a second public comment period so that if there was additional…

Senator Hickenlooper: I understand why you would have that.

Dr. Monarez: Yeah.

Senator Hickenlooper: …and obviously those guardrails would still be needed. Should--this is something Congress should work on? Can I ask both of you that?

Dr. Monarez: I would highly encourage all of us--whether it's Congressional action or others to make sure that we do have the appropriate transparency and accountability measures. The ACIP deliberations are critically important and they impact real lives, and, so, the more that we can do to ensure that we are achieving radical transparency, accountability, and evidence-based decision making--I would highly encourage it.

Dr. Houry: FACA does have provisions--the Federal Advisory Committee Act, and so I do think this is the perfect opportunity for Congress to ensure that CDC is following those processes. Those processes are there for a reason: to ensure that there's transparency, gold standard science, and that the public has the opportunity to engage.

Senator Hickenlooper: Transparency becomes one of the keys. We're talking about trust here.

Dr. Houry: Yes.

Senator Hickenlooper: And without transparency you're never going to have trust…

Dr. Houry: Correct.

Senator Hickenlooper: In the modern world, in terms of pandemic preparedness, and Dr. Houry--I'll, I'll, I'll talk to you and I love seeing where you did your, your training in Denver, CO: Denver Health which is my medical provider--just so we're completely clear.

Senator Cassidy, M.D: I thought you meant Tulane, but that's OK.

Dr. Houry: Love both.

Senator Hickenlooper: I want my 9 seconds back. Dr. Houry, you know, given the layoffs…

Dr. Houry: Yes.

Senator Hickenlooper: …somewhere in the process over 2000 employees have been fired or attempted to be fired. In your testimony, you mentioned the CDC has seen a 60% decrease in flu samples and a 70% decrease in COVID samples--that's alarming. That's striking to me--what's the reduction--what's that attributed to?

Dr. Houry: So, a lot of that is attributed to withdrawing from the World Health Organization. Many countries don't view us as the same level of partner that's something that can be overcome but it takes

leadership to really proactively reestablish those partnerships so that we're not flying blind. We know what pathogens are out there.

Senator Hickenlooper: Right, and I'm you know, just leave a question: what keeps you up at night, what keeps you both up at night--very concisely?

Dr. Monarez: The next outbreak, and I don't believe that we'll be prepared.

Dr. Houry: I'm concerned about the future of the CDC and public health in our country given what I have seen, given if we continue down this path we are not prepared--not just for pandemics but for preventing chronic health disease, and we're going to see kids dying of vaccine preventable diseases.

Senator Hickenlooper: Thank you, both, very much, appreciated. Yield back to the Chair.

Senator Cassidy, M.D: Senator Murray—Moody--I'm sorry.

02:16:47 **Senator Ashley Moody, (FL)**

Senator Moody: Mr. Chairman, thank you for being here--my mic's on, maybe I wasn't speaking loud enough. I, I have to say I'm a, I'm a new senator here so this is all very troubling to me; but I'm, I'm really shocked that most people come and introduce their families, I'm really shocked that we have behind you anti-Trump lawyers that you've invited. Do you want to introduce your lawyers that you brought with you today? …I'm, I'm just noticing that they're aiding with your testimony--they keep handing you notes and whispering in your ears, so I figured you should probably, for the record, put their names in the record.

Dr. Monarez: My lawyers have been publicly associated with me already.

Senator Moody: So, you're refusing to acknowledge the attorneys that are present in, in this hearing helping you with your testimony?

Dr. Monarez: The the attorneys that I have been…

Senator Moody: I mean, I'm a, I'm a I'm been in the legal world for a long time and attorneys generally aren't shy about stating appearances and saying when they're here, helping clients, so are you…is there some reason you don't want to introduce the Senators to the, the lawyers that are here and put their names on the record?

Dr. Monarez: Yeah.

Senator Moody: I think I mean they're passing you notes so I think it's fair for the record to know who's passing you notes while you testify; and I really, I really didn't mean that and trying to be adversarial here, I just think for the record, it's probably good to know who's passing notes and whispering in your ear.

Dr. Monarez: I think my counsel is, is happy to follow up with you. I, I was hoping that we would stay focused on the critical issues related to…

Senator Moody: We're at a hearing because you called the Chairman and talked about these issues and the Chairman has called a hearing and now you're here testifying and you have attorneys giving you notes and whispering in your ear presumably about your testimony. So, for the record, who is here with you helping

you with your testimony--I mean—look, I'm a judge, I'm a former federal prosecutor, I was attorney general, I was a lawyer like this is not an abnormal thing.

Dr. Monarez: Yeah, my attorneys have been publicly associated with me.

Senator Moody: What attorneys are here with you at this hearing assisting with your testimony and whispering in your ear--please state their names for the record.

Dr. Monarez: My two attorneys that are in the room would be happy to follow up with you after the discussion.

Senator Moody: So, Mr. Chairman, I would like the record to reflect that you have called a hearing of two people who have hired anti-Trump lawyers. When did you hire them?

Dr. Monarez: I sought their counsel, I believe, on the day around or on or before the day I was fired.

Senator Moody: …and is now refusing now that they're in the courtroom and helping with testimony and passing notes on what to say refusing to give their names to those of us that may not know their names. I mean, is there a reason you don't want to give their names? Are you..?

Dr. Monarez: No, they're…

Senator Moody: Are you afraid that it's going to come unravel--that you have this whole network of people that's trying to embarrass the President or go after the President and now you are joining this group. When, why, why don't you want to give their names?

Dr. Monarez: Their names have been publicly associated with them. They issued public remarks early on.

Senator Moody: Let me ask your colleague. I've noticed they've also been giving you notes too and, and whispering to you--will you state their names?

Dr. Houry: So, their names are Abby Lowell and Mark Zaid.

Senator Moody: That wasn't too hard. Thank you very much--I appreciate it--I really was genuinely asking, so that the record was clear; but now I'm wondering not what else we're trying to hide and I'll go back to you. Did you plan to coordinate and I'll, I'll go back to the original witness, did you plan to coordinate this public spectacle surrounding your firing.

Dr. Monarez: No.

Senator Moody: And,, have you coordinated with Dr. Houry--am I pronouncing that correctly, and I apologize if I'm not--did you coordinate with her or anyone else that you worked with surrounding your leaving.

Dr. Monarez: I, I did not coordinate with anyone surrounding my leaving. I was terminated abruptly.

Senator Moody: So, you had no advance plan to, to write an OP-ED, do a public, public hearing? I noticed that you immediately called our Chairman.

Dr. Monarez: I had committed during my confirmation process several elements including integrity, transparency, working with Congress.

Senator Moody: But you had no advance plan with any colleagues?

Dr. Monarez: I had no advance plan with any colleague.

Senator Moody: Dr. … or excuse me Dr. Houry, if there wasn't an advanced plan, did you tell a reporter we agreed to do this together?

Dr. Houry: Myself, Dr. Jernigan and Dr. Daskalakis.

Senator Moody: Agreed to do this all together.

Dr. Houry: Once Dr. Monarez was being terminated, the three of us knew that we could not remain given our ethical concerns and commitment to scientific integrity.

Senator Cassidy, M.D: I just want to make a brief comment as my name was invoked. As the Chairman of the Committee with jurisdiction over the CDC that favorably reported Dr. Monarez as the CDC Director, it is entirely appropriate for someone with oversight concerns to contact my office or me or frankly any of us. Upon receiving outreach from Dr. Monarez, I contacted both the Secretary and the White House to inquire what was happening and to express concerns about what was alleged. As soon as the Director was fired, the HELP Committee began reviewing the situation as it is our responsibility and any and all communications with the witnesses was conducted by HELP staff in coordination with attorneys.

Senator Sanders: Mr. Chairman, may I comment on that?

Senator Cassidy, M.D: Please, yes Sir.

Senator Sanders: Very briefly, I find it rather astounding that anyone is concerned that government heads of agencies talk to the elected officials of the United States of America. That is what they are supposed to do. Thank you.

Senator Cassidy, M.D: This is now Senator Blunt Rochester's turn.

02:23:25. **Senator Lisa Blunt Rochester, (DE)**

Senator Blunt Rochester: Thank you, Mr. Chairman and thanking ranking member for reminding us of our oversight responsibilities; and I also want to thank the two witnesses for your strength, for your integrity, and for not staying silent. The fact that you were even finding out important information through tweets--it's not the way we operate, that's not the way we keep our country safe and our public health--keep our public healthy, and so I want to first thank you both. I know you both mentioned as scientists, as doctors, and as parents that's why you're here--that's why you care. And so last week I led an in-depth discussion with experts on how Secretary Kennedy's vaccine policies are creating a lot of confusion in this country and harming families; and I heard from a pediatrician, a parent, a school nurse, and two former ACIP members who were fired by Secretary Kennedy. I'm, I'm extremely concerned that the Secretary has now stacked the Committee with people committed to his agenda. As you said, the concern is you can't--the focus shouldn't be on ideology but on evidence and on, on science. To put them there, Secretary Kennedy accused former members of being, quote: "plagued with conflicts of interest and use that as a pretext. A question for both of you, did you ever observe anything that cast doubt on the scientific abilities of those members?

Dr. Houry: I would actually just state you know Dr. Manorez and I have worked together when she was Acting Director. We posted conflicts of interest for the past two decades of the ACIP members to really

embrace what the President had said around radical transparency and to dispel the conflicts of interest. We have a rule at ACIP, we did when I was there, I can't speak to now, but, if you had any sort of bias, you recused yourself from that discussion and that vote and if you had significant biases or conflicts of interest you weren't included on ACIP.

Senator Blunt Rochester: Were you ever present with any evidence of conflicts of interest that impaired the decision making of any ACIP members, the former members.

Dr. Houry: I was not, but I would just note that I can't speak as much to the current ACIP members—one was an expert witness against Merck but participated in discussion on Merck.

Senator Blunt Rochester: Thank you and Dr. Monarez, if there was anything you want to contribute—I, I'm trying to understand if there are any reasons that we should think that these individuals should have been fired. You could say no I don't know.

Dr. Monarez: I, I had, uh, the, the, the ACIP members that were fired after the April meeting, I had not interacted with them. I had no--you know--preconceived notions.

Senator Blunt Rochester: And Dr. Houry…

Dr. Houry: I can't speak to them individually, but, I can tell you is when you look at the members, you look at geographic representation. I know that one was from the Midwest focused on immunocompromised patients because that was the need to fill. You look at it as a whole of expertise and that's what ACIP was.

Senator Blunt Rochester: And I wanna go back to something: the hepatitis B shot keeps coming up and I want to know: Dr. Monarez is there anything that you want to clarify or say more about this? I mean, it's my understanding that before 1991 when not all babies were vaccinated about 20,000 babies were infected each year and that after the CDC's recommendations in the 1990s that dropped by 99%. This terribly contagious disease and the reason why we test everybody is because certain moms might not have been tested and don't know that they have it. So, can you--is there anything else you want to add because I know this has come up numerous times?

Dr. Monarez: I think that's those, those are consistent with the information that I have associated with hepatitis B, and it's the promise of the vaccine. I do want to touch on one thing that was brought up in the context of that discussion that CDC forces people to get vaccinated. CDC doesn't force anyone to get vaccinated. CDC provides recommendations supported by evidence to allow parents and physicians and others to make a choice--a decision in their in the best interest of themselves or the health of their families.

Senator Blunt Rochester: And one last thing I want to clarify as well: we talk a lot about ACIP members but behind the scenes were these work groups, these working groups: the American Medical Association, the American College of Physicians, the American Geriatrics Society, the American Osteopathic Association, the National Medical Association, the National Foundation of Infectious, infectious, Diseases… It goes on. These were the groups behind the scenes making these recommendations and they were, to your testimony Dr. Houry, pulled back and said no thank you we don't need for help. Is that correct, is that accurate?

Dr. Houry: Yes, they were pulled off the work-groups and I do think when we have experts, whether it's from societies or just with specific expertise, it's very much needed, and these organizations help with implementation, and we say talk to your doctor. So, we need those doctor organizations participating.

Senator Blunt Rochester: As a grandmother and mom, I just want to say: thank you for the, for the work that you do and have done--and these are unsung heroes people behind the scenes just like those thousands of CDC employees: those who are fired and those who remain and still need our support, thank you, and I yield back.

02:29:10 **Senator Murkowski (AK)**

Senator Murkowski: Thank you both for being here to testify this afternoon. I think it was you, Dr. Monarez, you, you made the comment in your, in your testimony that this is about the future of the trust in public health, and I really feel that's where we are today. There's been a lot of--I don't want to call it--he said she said, back and forth, but there's been a lot that folks have tried to drill down on exactly your comments and exactly Secretary Kennedy's. Uh, and you also made the point that this is not about you. It's, it's about trust in, in our public health institutions because that's what I'm worried most about. I don't know you other than the, the few times that we've had an opportunity to visit. I've just met you, Dr. Houry, I'm sure you're, you're, you're both good women working hard, doing good things for others, but, but really, this is about trust in our institutions, and this is where I feel we are really, really vulnerable right now.

We've all been back and forth with these votes, and so I don't want to try to ask many of the same questions that have been asked; but we, we have a structure within the CDC: that is, your, your career public health officials: they provide the institutional knowledge, the scientific expertise, and, and very often continuity between Administrations. I think, Dr. Houry, you said you had worked across six different administrations.

Dr. Houry: Four Administration--Six Directors.

Senator Murkowski: So, I mean you, you, you provide some level of continuity that bridge between the political leadership that comes in and then the Agencie's scientific mission, and, I think, I hope, and correct me if I'm wrong, that you, you seek to ensure that the policy decisions are grounded in, in public health expertise while also meeting the goals of the Administration. So, Dr. Monarez, when you said: yes, to President Trump, when you said yes to Secretary Kennedy, you were also signing on to the goals of the Administration here. I am, I am, I'm concerned that when career scientists then are excluded, may be completely excluded from the Director's Office, what happens? Who does then provide the scientific expertise, this institutional memory that is needed to guide the agencies? I think we've heard from both of you that there was very little interaction between you, Dr. Monarez, and the Secretary and, and Doctor Houry, I think you have also testified that those who would ordinarily brief the Secretary aren't, have not been present, but also to the point that was just made about the work groups, that no work groups other than the COVID working group were basically assigned to this upcoming ACIP meeting. Is that correct? So what, what happens then to this scientific mission when there are none of the career public health professionals that are in these positions to advise on the policy, to, to protect the scientific integrity and, and really to ensure some level of continuity of operations when you're, when you're moving through, through a transition like this? Dr. Houry:

Dr. Houry: So, I, I think continuity is important. I certainly think openness to change and supporting the Administration's priorities are important. I was selected be the transition lead for the Agency because I was known as somebody that could embrace both Administrations and help implement policies. That was my goal. I'm the last or I was the last career left in the Office of the Director. I have no doubt that my role will be political…

Senator Murkowski: So, may I stop you there? You're the last career, so then are you saying that everyone that is remaining…

Dr. Houry: and is a political …

Senator Murkowski: … is a political and, so, there is nobody then that is--there must be somebody that is providing that, that career science at…?

Dr. Houry: A level down, we do have central directors although 80% are now acting because they've been fired, resigned or retired.

Senator Murkowski: Dr. Monarez, were you ever directed to, to not speak to career officials-- was that a, a directive that you received?

Dr. Monarez: That was.

Senator Murkowski: And when was that when were you directed to not speak to career officials?

Dr. Monarez: Yeah, that was that, that transpired over the course of August 25th and the engagements with Secretary Kennedy; and that I was directed to only work with the political appointees that he had put in place at CDC and not to speak or work with the career scientists.

Senator Murkowski: Well, my, my time has expired and I will turn to Senator Kaine.

02:34:25 **Senator Tim Kaine (VA)**

Senator Kaine: Thank, thank you Senator Murkowski and thanks to our witnesses for being here today. Doctor Monarez, I owe you an apology. When you were here for your confirmation hearing, I, I questioned you very significantly not on your qualifications--you got over the qualifications bar easily but my worries about the direction of HHS made me question you very significantly on your backbone. A trait that is not in long supply in this town. And then when I voted against your confirmation, I cited that as the reason again--no concern about your qualifications--I had concern about your backbone. And I was wrong; and I apologize to you, for being wrong. I think it's important when you're wrong to admit you're wrong. I want to ask you a question to follow up on an answer you gave to Senator Baldwin and I'm not sure I heard it right, but were you instructed by the Secretary of HHS to not speak to Senators?

Dr. Monarez: I was instructed to not speak directly with Senators.

Senator Kaine: And was that also in the August 25th meeting you would describe?

Dr. Monarez: That was over the course, there had been several engagements with the Secretary over that day and it was in one of those meetings that I was instructed.

Senator Kaine: So, confirmed CDC Director, Senate confirmed. We, we used to speak with the CDC Director all the time during COVID and during other emergencies. Instructed not to speak to Senators. It, isn't it, do I, is my memory right--isn't Secretary Kennedy say he's about radical transparency?

Dr. Monarez: That is one of the areas he has prioritized?

Senator Kaine: Yeah, well putting a gag order on a CDC Director and directing her not to speak to those who have confirmed her and to whom she is responsible for oversight is a very serious matter. I want to

talk about measles and finish with a question for Dr. Houry--just really get into the minutia about measles. 1454 cases in the US, 4 in Virginia and I'm just going to give you about the most recent one in Virginia. A school-aged child early-September, 5 to 12 years old. Measles is really contagious--Spreads through the air. You can contract measles when somebody has had it in a room even 2 hours after they've gone from the room and you often don't show symptoms for days. When this child with measles was identified and the case was reported to public health officials, our Virginia Department of Health had to spring into action. They had to find potential exposure. The child while infected but before demonstrating symptoms had attended school for one day and had visited multiple healthcare facilities. In one day, 1000 Virginians were exposed to measles by this one child. The VDH coordinated with the healthcare community and the school district to contact-trace 1000 people, followed up with 800 people including babies in the NICU too young to be vaccinated, had repeated contacts with these individuals to make sure that they weren't showing symptoms. The VDH has dozens of staff about 50 were working on this issue and within days of the knowledge of the case, the VDH had worked to notify all 1000 people. Now, they have to continue to monitor for another 21 days. 45 to 50 officials had to work just on this one case. I'm very proud of their work and I'm sharing the background just so people understand how serious even one case of measles is. The Infectious Disease Society of America says the median cost for a health department to respond to 1 case of measles is $32,000. So just multiply that by the 1454 cases this year: $46,464,000 already to respond to measles which is at a rate that we haven't seen in a number of years. A case costs a median of 3200 but at the price increases as you're trying to contract, contact trace. The median price to contact trace is 223 bucks so to for Virginia just to contact trace 1000 people $223,000 for one case. I bring this all up because to make it even harder for states to respond in March, Secretary Kennedy rescinded $11.4 billion in public health funding to states. To Virginia, our Department of Health lost $425,000,000 during the worst measles spread we've seen in recent years. The money was being used to modernize the state's technology to allow it to better track and respond to outbreaks, to upgrade the states epidemiology labs, and to support community health workers. 500 employees and contractors in Virginia have been laid off because of these cuts. This shouldn't be happening.

Dr. Houry did you and our career scientists ever brief Secretary Kennedy about recent measles outbreaks?

Dr. Houry: We, we did not brief Secretary Kennedy.

Senator Kaine: Did you speak with any HHS or CDC political staff regarding the outbreaks?

Dr. Houry: With CDC political staff—absolutely. Our, our team did like, the chief of staff and our communications about measles, and, and I did want to just follow up on your point about funding. That's my concern: 80% of funding of CDC goes out to state and local communities so as we see budget cuts to CDC, your community will see that too, and the boots on the ground--work that you did in Virginia is, the is,-- exactly the heart of public health.

Senator Kaine: Thank you, I yield back.

02:39:40 **Senator Markwayne Mullin (OK)**

Senator Mullun: Thank you, so thank you so much for being here and Dr. Monarez, I appreciate your time coming before this Committee again. I'd like to go over some time frames: first, but first of all, who fired you.

Dr. Monarez: I believe the President fired me.

Senator Mullun: OK, do you serve at the will of the President?

Dr. Monarez: Yes.

Senator Mullun: And, and just for the record, the President's removal powers rooted within the Constitution separation of powers and are necessary to ensure that the Executive Branch officials are aligned with the Administration's policy. This means the President can remove them at any time, for any reason, or for no reason at all. Would you agree with that?

Dr. Monarez: I would.

Senator Mullun: OK, so what day were you fired?

Dr. Monarez: I believe I was fired on August 27th.

Senator Mullun: OK, what day was the first time you seeked to counsel, not retained, seeked to counsel?

Dr. Monarez: I don't recall.

Senator Mullun: We can get those records--so maybe you should recall them because I'm, I, I, I think you might have an honesty issue here that we want to point out. So what day was it that you, that you spoke to, to the attorneys first time?

Dr. Monarez: It was on or before the day I was fired.

Senator Mullun: No, that's when you retained them. You already testified that. When did you speak to them.

Dr. Monarez: Again, it was on or before the day I was fired.

Senator Mullun: So, you retained them the first time you spoke to them?

Dr. Monarez: I believe that I've retained them the first time I spoke to them.

Senator Mullun: Was you, was you let go in the middle of the night?--Was you let go in the middle of the day?

Dr. Monarez: I believe…

Senator Mullun: I know the, I know the answer to this so, let's be honest here.

Dr. Monarez: I believe I received, well, I believe I received an e-mail from the White House indicating that my services were no longer needed.

Senator Mullun: What time was that?

Dr. Monarez: Sometime in the afternoon –mm-- sometime in the evening late.

Senator Mullun: Late evening, late afternoon, late evening and so you got all the attorneys late at night?

Dr. Monarez: I'm sorry what…

Senator Mullun: You got, you got hold of attorneys after business hours to retain them.

Dr. Monarez: I don't recall.

Senator Mullun: I think you do.

Dr. Monarez: I, I really I, I think

Senator Mullun: You don't recall, recall you don't recall retaining your attorneys.

Dr. Monarez: I don't recall the specific time or day that I retained them.

Senator Mullun: See, I still think you have an honest issue because it wasn't that long ago, and I think I could recall when I hired an attorney; and I could definitely recall the time I did it.. Now let's assess…: when did you remove the political appointees from the floor that you worked on.

Dr. Monarez: Again, I did not do that. I moved some political appointees in and I put my senior advisors together.

Senator Mullun: When did you remove them and remove their access to your floor, and you had a conversation with the Secretary about this. When, when did that happen--like how many days into your job?

Dr. Monarez: I'm sorry, I don't even know what you're asking.

Senator Mullun: Yeah, you do because you already talked about political appointees that with that the that the Secretary had put in place. You removed the political appointees that were in there when you receive, when you first got to your work. When did you remove them from your floor and take away their ability to access your floor? And you know exactly what I'm talking about because you and the Secretary spoke about that.

Dr. Monarez: You are, uh, you're miscontextualizing…

Senator Mullun: No, I'm not. I'm answering the question what day did you remove them?

Dr. Monarez: I moved--I have one political Chief of Staff. I have three political chiefs of staff. I had space made for all of them in my suite.

Senator Mullun: When did you remove the political appointees before or the political hires before you got there that was there prior to you getting there? This isn't hard, it's really, it's not hard, you talking circles and I just want an answer because you know.

Dr. Monarez: So, I had my…, the security of my suite…

Senator Mullun: OK, so let me ask you something that your conversation with the Secretary, you said that he said he didn't trust.

Dr. Monarez: You're correct.

Senator Mullun: You testified that is, that really how that conversation went because there's other people in the room and I think the conversation was: can he trust you and your answer was:

Dr. Monarez: He said he could not trust me.

Senator Mullun: No, the answer--ma'am, it was a recorded meeting, so you can testify one way or you can prove that you're lying or give them to be honest with this Committee; and I'm giving you the opportunity to

be honest here because you've been really walking around the edges and not being truthful. So did he ask you the question: can he trust you? and your answer was:

Dr. Monarez: He told me he could not trust me and I told him if he could not trust me, he could fire me.

Senator Mullun: That isn't how that conversation went, and you know that--don't you?

Dr. Monarez: He told me, he could not trust me, and I told him, if he could not trust me, he could fire me.

Senator Mullun: Ma'am, all we're looking for is you to be honest, and you haven't been. You're not even being, you're not being honest with the conversation you're having, you're giving up on being honest with the timeline and you won't even give the answers of who your attorneys were and all we're looking for is you to be honest. If we're gonna have a hearing, and we're going to discuss certain things, let's make sure we're talking with someone that we can trust your answers. It's like my kids--I tell my kids all the time: you know one thing I want from you, I can deal with any situation we walk into as long as I know you're being 100% honest with me. The minute I can't tell you're being honest with me, I can't trust you for then on. Everything you say is questioned, and you have to question you because your personality and your answers aren't correct. Therefore, I yield back.

02:45:39 **Senator Edward Markey (MA)**

Senator Markey: Dr. Monarez and Dr. Houry, I wanna thank you for being public health heroes. When you took your positions, you swore an oath to public health and safety, not to political ideology and you kept that promise to the American people. When confronted with pressure to make decisions based on political science, you chose real science. You said clearly that vaccines work, that they are safe, and that our children and the most vulnerable deserve the life-saving protections that vaccines have provided for generations. Robert F. Kennedy, Jr. may put the con in conscience, but you put the science in conscience which is where it belongs at the CDC. It is my hope, that more officials within the CDC, within HHS, and throughout this administration look to what you, Dr. Monarez and Dr. Houry, have done, and that they feel inspired by what you have done and what you're doing here today. In the face of political pressure and threats and misinformation and conspiracy theories, you are standing up for science, standing up for facts, standing up for the protections which our children and families need. You're standing up for what is right, and I hope that your colleagues follow you.

Before a hepatitis B vaccine was approved in the 1980s, upwards of 300,000 Americans were infected each year including nearly 20,000 children. Thanks to the hepatitis B vaccine, annual cases are now down to roughly 22,000, a 93% reduction and for children there is now only a handful of cases each year with a total of only 13 cases in babies in 2022--down from 20,000. That is a stunning public health success. We achieved that, because every newborn gets the Hep B shot at birth. Why?, because 9 out of 10 infants infected at birth become chronically infected and a quarter of them will die due to hepatitis B. Yet this week, the Advisory Committee on Immunization Practices, a panel newly filled with Secretary Robert F Kennedy, Jr.'s handpicked vaccine skeptics and individuals with no vaccine or public health expertise is expected to vote on delaying that birth dose of hepatitis B vaccine until age 4. This would reverse decades of progress, put kids in harm's way, and make countless children the victims of Secretary Kennedy's anti-vaccine quackery.

Dr. Houry, do you believe that a change to that recommendation on hepatitis B vaccine at the Advisory Committee meeting this week would be based on an objective comprehensive review of data?

Dr. Houry: So, if the vote is to change it to age 4, then that would not be based on data.

Senator Markey: Do you agree with that Dr. Monarez?

Dr. Monarez: I haven't seen any evidence to suggest that, that would be the appropriate thing to do.

Senator Markey: So, yeah, so based on your interactions with Secretary Kennedy and his advisors, are Secretary Kennedy's beliefs in politics driving the change to vaccine recommendations including hepatitis B vaccines instead of science, and children's health?

Dr. Monarez: That is the concern.

Senator Markey: Dr. Houry?

Dr. Houry: Yes, I believe it is. I, I received an e-mail, you know, suggesting that we look at hepatitis B shared decision making and I think that's where I'm thankful to Senator Cassidy for really raising hepatitis B via social media. I hope that this hearing makes ACIP reconsider this recommendation.

Senator Markey: Would you want them to reconsider the decision?

Dr. Houry: I would want them to keep it at birth. I I think there's a lot of moms that don't know they have hepatitis that can then transmit it to their baby and even when the mom is hepatitis B negative, we don't know what the home situation is.

Senator Markey: Dr. Monarez, were you and your team asked to provide any data regarding, regarding hepatitis B and the vaccine in preparation for the upcoming ACIP meeting?

Dr. Monarez: So I, I am not aware of any requests to myself--I would defer to Dr. Houry as well as, as she was overseeing.

Dr. Houry: But we directed our staff to provide data because we thought it was important just like we have in other meetings to where there weren't work groups--that CDC staff provide data to discussions.

Senator Markey: Is that traditional practice where, where you're not where experts are not being asked?

Dr. Houry: Well, traditionally there's work groups that develop it, but we had a case at the last meeting to our, our experts developed evidence because there wasn't a work group and we were asked by the Secretary's Office to remove that document.

Senator Markey: Yeah, Dr. Houry, is the current hep-B vaccine recommendation on universal birth dose for infants based on a thorough and comprehensive review of decades of data and evidence?

Dr. Houry: It has been, and I think if we reconsider recommendations, we just need to look at the updated evidence and always weigh the risks and benefits and that's what the Committee should do.

Senator Markey: Is that evidence of--that you have seen--conclusive to change a decades long recommendation?

Dr. Houry: I haven't seen any of the updated evidence--they were working on that before I left.

Senator Markey: Yeah, well you know, the concern of course is that Robert F Kennedy is going to make America sicker again. They're gonna send us towards more disease, more death, and more despair in our nation; and, again, I can't thank both of you, our healthcare heroes, historic healthcare heroes for our nation. Thank you.

Senator Sanders: Madam chair, before we turn to senator--who said you wanted to …

Senator Sanders: Very briefly, I ask unanimous consent to enter to the record 2 letters from Dr. Daniel Jurgen and Dr. Dimitri Daskalakis.

Senator (Murkowski acting as Chair) Without that objection, great

02:51:32 **Senator Jon Husted (OH)**

Senator Husted: Thank you, Mr. Chairman. I want to get right into this. I share the concern of many of my colleagues about the failure of our public health establishment to have trust in it, and I think that that has had lasting harm inflicted on America's children, and I owe Dr. Monarez when we visited, I talked with you about this issue of trust in the CDC based on my experience as Lieutenant Governor during the pandemic because during that time I know elected officials, parents, community leaders turned to the CDC for a clear science based guidance, and as Lieutenant Governor who had to work with the Governor every single day and managing through this pandemic, as a father of school aged children, I experienced first-hand the effects of that guidance and we were hoping that it was going to be based on the science. Everybody kept saying based on the science, and yet we know that now that, that guidance was based on politics and special interests instead of safeguarding children's health. CDC allowed activism to override science with devastating consequences, and I just want to give a a few facts on how trust has been eroded. And by the way, we talked about not to have enough money. We'll CDC's now has 12 centers but only three of them were, were authorized by Congress; and I think it's drifted from its original mission and trust has been eroded due to these high profile failures during the pandemic--failures that cost students years of academic process, progress the House Oversight Committee found that the CDC gave the American Federation for Teachers access to edit school, reopening guidance, inserting triggers that prolonged closures, and this was not science it was politics at the expense of our youth. The consequences of these widespread school closures were very measurable: the Wall Street Journal reported that math and science scores for 4th through 8th graders fell to their lowest level since testing began. The New York Times confirmed that students in districts with prolonged closures fell as much as half a grade behind in math while those that reopened sooners lost less, sooner loss less ground; and the Hoover Institute projects this learning loss will reduce in lifetime earnings for today's students of 5 to 6% costing our nation an amazing $31 trillion in economic growth. That damage went beyond academics. The House Oversight Committee reported that suicide attempts by girls aged 12 to 17 rose by 51% during this period of prolonged closures and confusing policies took a heavy toll on children's mental health and physical health. Even the CDC's universal masking guidance for children lacked evidence--went back and forth—and its own data showed no significant difference in the cases, case rates between schools with or without masks. And equally troubling with CD's growing susceptibility to special interests through the CDC foundation which accepted private

donations including thousands of contributions routed through platforms like Act Blue which, and with these weak safeguards, the agency left to police itself, it further undermined public confidence during this whole process. We talked a lot about that, and this lesson is clear to me that when an agency is entrusted with science and it bows to politics, children pay the price, and we must demand accountability. We must restore the CDC's core mission of protecting public health on evidence not ideology, and that we must never again allow political influence to dictate the decisions of our children's health, education, and future--whether that's with pandemics or vaccines--and I hope that there's nothing in that statement that you would disagree with because I think that we had pretty much…

Dr. Monarez: I agree.

Senator Husted: …pretty much aligned on that during those conversations and I know that with all of this guidance right now coming out there's this simple question: For parents with healthy school aged children, are they endangering the lives of their healthy children if they don't get them vaccinated for COVID?

Dr. Monarez: This is where a parent needs to have the ability to talk with their pediatrician and to really make sure that it is in the best decision of the parent and the child that, that vaccine, the COVID vaccine, is the benefits and the risks are well understood by the parents.

Senator Husted: And would that apply to every vaccine?

Dr. Monarez: So again, CDC doesn't make mandates it makes recommenations…

Senator Husted: Yeah, I'm, I'm just I'm just do…see in this particular case, if you, if you listen carefully, we ask endangering the lives--not whether it was recommended or whether it's a good thing but would they be endangering the lives of their children.

Dr. Monarez: I believe that the vaccines that have been proven safe and effective, that mitigate the diseases that if their child is exposed like the measles or hep B and they have not been vaccinated, and they have no natural immunity, it will cause very dangerous consequences to their children.

Senator Husted: So, this is, and I'll conclude my times up, this is where I think that we're getting it wrong. We shouldn't--I ask a pretty simple question: are they endangering--they aren't endangering the lives of their children maybe a recommendation basically good and they'll be good reasons for doing it, and we should tell them that, but we shouldn't scare people and saying that we're endangering their lives, because I hear that all the time, and, and it's just an overstatement. We got to start leveling with people about what the truth is.

Dr. Monarez: I agree that we have to have productive conversations with individuals to allow them to understand the benefits and the risks associated with these, with these vaccines and we do need to…

Senator Husted: Thank, thank you, Mr. Chairman and the and, the and the irony of this is when I talk with you, you say that and when I talk with Secretary Kennedy, he says this. We gotta get this figured out.

02:57:33 **Senator Bill Cassidy, M.D. (LA)**

Senator Cassidy, M.D: While I was at a vote, I understand Senator Mullen implied there's a recording of the meeting or meetings between Dr. Monarez and Secretary Kennedy. I'll, I will note, that if materials have been provided to Senator Mullen and invoked an official Committee business, they are Committee records

and all other senators from the Committee have the right to see those records. I will also note, if HHS has a recording, I asked them to release the recording and would I like to know why it was recorded. But releasing the recording would be radical transparency and this is about fulfilling the President's vision of radical transparency. This is allegiance to President Trump's values, and so I'd ask that, that recording be released. I'll also note that we put in a request for any documents or communications that would bring transparency to the situation. We have not yet received those documents. If a recording does not exist, I asked Senator Mullen to retract his line of questions.

Senator Sanders: Mr. Chairman…

This is one more thing, I'll also note that if he has it, I'm also curious why only one Senator was given this, and why we're just hearing about it now, and why didn't the Secretary share it at the Senate Finance Committee. But those are questions that can be answered later. With that, Senator Sanders…

Senator Sanders: That's exactly the point that I want to make. I mean, how does that happen, if it is true, that one Senator has access to an alleged tape recording of a meeting nobody else has it including the Chairman. This is what we're dealing with right now. And this is what I think… Dr. Monarez, this is a very politicized situation and it's unfortunate. Thanks

Senator Cassidy, M.D: Senator Kim.

02:59:22 **Senator Andy Kim. (NJ)**

Senator Kim: Thank you chairman, thank you to the two of you for coming on out here. Dr. Monarez, I wanted to just start with you. You were talking about how you were directed to fire career officials. I guess, I just wanted to ask you: what was the plan or who would have replaced them?

Dr. Monarez: Yeah, part of what the Secretary told me in the discussion related to those career officials was a sequencing of firing the leadership, promoting their deputies--if the deputies did not do what I had wanted--I needed to fire them--promote the next group and continue to do so until I got to an organization that was compliant with my demands.

Senator Kim: So, the, the plan was to literally just kind of keep firing until there was somebody in that position that was willing to go along with what Secretary Kennedy was asking. Is that right?

Dr. Monarez: That is what he communicated to me, yes.

Senator Kim: I guess I wanted to just ask you, are you aware if this type of practice and this kind of order is given to other parts of HHS, FDA and NIH, and other parts?

Dr. Monarez: He had said, although I have no means to verify this, that others at FDA, NIH, and CMS were engaging in this, this practice.

Senator Kim: I raised you know, Mr. Chairman, I think you know, we were raising concerns about what's happening with regards to the CDC, but as mentioned you know we're hearing potential allegations that this type of action is being taken part in other parts of HHS and I hope this Committee can try to follow up on that.

Dr. Monarez, you know, you, you, you said something in your testimony that caught my attention which is you said something to the effect of that your political staff had to approve of policies and personnel decisions that you were trying to make. Is that correct?

Dr. Monarez: That is correct and that, that was the the e-mail that has apparently now been made available through the Washington Post.

Senator Kim: And so, when, when you talked with Secretary Kennedy and he talked about wanting to have you fire, he also talked about what you talked about him ordering you to pre-approve decisions made by the ACIP? When Kennedy was asked about that last week, he said, quote: "no I did not say that to her--I never had a private meeting with her. There were other witnesses that will say I never said that." Yes, I'm just asking you who else was in these meetings with you?

Dr. Monarez: So the meeting where that was first stated in the request for the demand made of me included five other participants in addition to the Secretary. It included his deputy, the deputy secretary, his chief of staff, the deputy.

Senator Cassidy, M.D: Will you please give names?

Dr. Monarez: I'm sorry, I'm sorry, the Deputy Secretary, Jim O'Neill; the Chief of Staff, Matt Buckham; the Deputy Chief of Staff, Stephanie Spear; a member of the general counsel staff, Bob Foster; and a member of his counsel staff, Ken Callahan.

Senator Kim: I think what really stands out to me is this question: you know, if he's not listening to you, if he's not listening to CDC career staff and experts, the question is who is Secretary Kennedy listening to about these important decisions that are before us and not only just the idea of listening, but, you know, both of you have addressed this in, in, in so many different ways. I mean Dr. Monarez, you talked about how they were when you were talking to Secretary. He was basically telling you that the child vaccine schedule will change in September--is that roughly right?

Dr. Monarez: That is correct.

Senator Kim: That's the idea that it was going to happen--not likely to happen in September.

Dr. Monarez: Going to happen.

Senator Kim: And, and Dr. Houry, you know you talked about this in so many ways and I think the phrase that really stood out to me with your work was you said it was about pre decided outcomes of votes is that correct--is that what you're worried about?

Dr. Houry: Yes.

Senator Kim: Because what we're seeing as well is because you know this… we're seeing this over and over again, where it feels like there's already a decision that's been made and now we're trying to figure out how to twist the data to be able to meet that prediction or meet that assertation, is that correct, Dr. Houry?

Dr. Houry: It is, and I think my concern is you know President Trump issued the executive order on gold standard science and I believe in that. We should have data that you can replicate that you can understand, and we were put in positions to where I am concerned that the science coming out won't be gold standard science. David Giyer who is the senator or secretary testified, you know, was a contractor was brought to CDC and I had the deputy chief or the deputy policy chief of staff of HHS come, meet with myself and the

other three leaders who resigned: Dr. Jernigan, Dr. Daskalakis, and Dr. Layton and for two days, she sat with us, and asked us to grant access to a data that has privacy and security concerns to this researcher.

Senator Kim: I appreciate you raising that and just what we've seen and in terms of how they've talked about this with the VSD, a lot of concerns and I think there's a lot more of this Committee needs to do to look into that. Thank you and I yield back.

03:04:36. **Senator Bill Cassidy, M.D. (LA)**

Senator Cassidy, M.D: For the record, it's just been reported that Senator Mullen told reporters that he was mistaken in saying that the RFK/Monarez meeting was recorded; but, in case he's mistaken that he was mistaken, if there is a, if there is a recording, it should be released and it would beg the question of what other conversations were recorded; and I'll repeat what I said earlier: we have sent a request to HHS for records related to these incidences. We've yet to receive those, but, of course, it would help the Committee which on both sides has found itself scratching its head—it could help us kind of discern what the truth is.

With that, I go to Senator Alsobrooks.

03:05:17 **Senator Angela Alsobrooks. (MD)**

Senator Alsobrooks: Thank you so much. Good afternoon, Dr. Monarez and good afternoon, Dr. Houry. First of all, I want to thank you for being here today. This is a charged political environment and being here today, took courage. So I want to thank you for your courage. I also want to thank you for your commitment to the truth. Speaking of the truth, today, it's been mentioned that there was a quote honest problem or honesty problem: Secretary Kennedy in this very room said that he would not fire scientists who were career scientists or working scientists and he lied when he said that, and so I want to just question first Dr. Monarez-- I want to get a, I want to talk to you about the series of things that happen on August 25th. You've described the meeting as animated--I will say it sounded unhinged--but I want to ask you whether Secretary Kennedy--what rationale did he give you for firing career scientists. Did he, what did he say the rationale would be?

Dr. Monarez: Yeah, I mean, that was the sequence of events where he had articulated his long standing concerns related to the CDC and that the career scientists were part of a group that was part of the most corrupt federal agency in the history of the world and another a number of different items that he had ticked off including that the CDC employees were killing children and were bought by the Pharmaceutical Industry and forced people to wear masks and social distancing. So there was a number of different contextual items that he offered related to why those CDC scientists should be fired.

Senator Alsobrooks: And during that unhinged conversation on August 25th, did he also indicate that he had asked leaders at other agencies within HHS to carry out similar directives to fire scientists and senior officials?

Dr. Monarez: He didn't use the word scientists or senior officials, but he did say that others --and I have again no way to substantiate this--but that others, that the other, their organizations: FDA, CMS, and NIH were engaging in a similar practice of turning over leadership and getting to an organization that would be aligned with his priorities.

Senator Alsobrooks: So, in other words, substituting scientists with people who would rubber stamp his, his views and, and opinions?

Dr. Monarez: Yeah, so the, so he didn't use those exact words, but the idea was to get to an organization that would be aligned and compliant with his administration priorities.

Senator Alsobrooks: Now, how did he tell you, again, how you should comport yourself with political staff or more specifically his allies? What did he tell you about that?

Dr. Monarez: He said that I needed to surround myself with the politicals and that I needed to listen to them and that I needed to support them with everything that they needed and that I did not need to engage with any of the career scientists.

Senator Alsobrooks: And again, just so we're reminded where were you immediately prior to this meeting?

Dr. Monarez: Immediately prior to this hearing today?

Senator Alsobrooks: Yeah, well to the meeting on the 25th?

Dr. Monarez: I'm sorry—Yep--I was the, the previous week, I had spent in Atlanta with the CDC staff--post the, the shooting doing a number of activities to make sure that I could ensure their security, help them with the healing process, and then continue the CDC mission.

Senator Alsobrooks: So I want to ask you very quickly about that on 5:00 PM on August 8th, the gunman opened fire on the CDC headquarters campus in Atlanta, GA forcing thousands on the campus to lock down and did you hear, did you receive a call from the Secretary upon the first reports that an active shooter on CDC headquarters had shot at employees.

Dr. Monarez: I did not speak to the Secretary on the 8th or any successive day. I did not speak to the Secretary until August 11th when he came down to, to visit.

Senator Alsobrooks: So, are you telling me that the Secretary of Health and Human Services failed to even give you a courtesy call upon learning that employees there had been shot at?

Dr. Monarez: He did not call me.

Senator Alsobrooks: I want to ask Dr. Houry very directly: do you believe that Secretary Kennedy is incompetent and dangerous to the American people's health?

Dr. Houry: I had, I always believe in optimism and hope and I would say that was my hope when he started. I'd read his books and as a transitional lead, I was prepared to welcome him. After seeing his Senate Finance testimony and the number of misstatements, seeing what he has asked our scientists to do and to compromise our integrity, and the children that have died under his watch, I think he should resign.

Senator Alsobrooks: And finally, I just want to use the last 20 seconds or so I have: Dr. Monarez, you've said you agree with the President that vaccines are not controversial because they work and I am a mother, you are a mother, I would like you to take the last few seconds to have to talk to parents. My greatest concern would be confused parents who have kids who are going to kindergarten, going to daycare, what do you say in this moment about these parents and what should they do regarding vaccines?

Dr. Monarez: Vaccines are safe, they're life-saving, and I would encourage any parent who is concerned about whether or not their child should get a vaccine to talk to their pediatrician, to understand the benefits of these life-saving medical products, and to make the best decision that they can to make sure that their children remain healthy and happy and can go to school and be safe.

Senator Alsobrooks: Thank you both so much for your integrity and for being here today. Thank you.

03:10:55. **Senator Bill Cassidy, M.D. (LA)**

Senator Cassidy, M.D: Thank you, Senator Alsobrooks,--I would now request unanimous consent to submit an article for the record that Dr. Monarez told us that Secretary Kennedy urged her to speak to Aaron Siri and this article says the title is: anti-vaccine group with ties to RFK,Jr. saw another windfall last year records show, and it points out that $6 million was paid to his law firm to pursue public records requests etcetera and $20 million at times passed. Secretary Kennedy has been an adviser to this law firm in the past.

I have a couple of questions: Dr. Houry, I'm sorry, you said that Stuart Burns said that CDC's systematic review--I think on birth dose hepatitis B, correct--was biased. Did he share any alternative evidence to support his views?

Dr. Houry: He had said that the questions we had posed could lead to bias. We'd had not developed a systematic review at that time.

Senator Cassidy, M.D: And what did he ask you to do with the evidence you accumulated?

Dr. Houry: So, he suggested 70 additional papers that had come from the vaccine compensation fund including some that were in French and Indian.

Senator Cassidy, M.D: That were what?

Dr. Houry: They were in other languages that we could not then incorporate into the systematic review. I explained, as did the center, acting center director, that we have a systematic process we follow. The library was pulling the evidence for us and we couldn't speak to the data as we didn't have the data yet and questions shouldn't bias—questions should provide answers.

Senator Cassidy, M.D: And you said--so did you have to pull your--what happened with the review you did?

Dr. Houry: So, it is under way. I don't know if it was completed because I left three weeks ago.

Senator Cassidy, M.D: And what happened with the review he did with references in Hindi for example?

Dr. Houry: So, the, he didn't do a review of hepatitis B, he sent 70 references for the scientists to include. I don't know if they were included--I said if they had valid methods, they would be.

Senator Cassidy, M.D: Do you know if Stewart was representing the Secretary's viewpoint?

Dr. Houry: I believe he was because he told me that the Secretary had suggested age 4.

Senator Cassidy, M.D: Say that again, I'm sorry.

Dr. Houry: He had said that the Secretary, as had an HHS counselor to me, suggested the Secretary wanted the birth dose moved.

Senator Cassidy, M.D: OK. I'm sorry, my alarms going off, so let me just do this so it's not distracting. And so, as I close, I'm going to speak as a liver doctor, a person, a point of personal privilege, to address the ACIP meeting scheduled for tomorrow. Folks know I am a physician and as it turns out, I am a hepatologist which is a liver specialist and have published papers on liver disease and have seen people die from hepatitis. That was my practice of how do you teach students how to avoid this and how do you treat the patients that have it.

Now, we've heard allegations related to ACIP here today that will need to be addressed. I don't prejudge--I don't know if you're telling the truth or not and, and when Secretary Kennedy comes, I'm keeping an open mind. Let me just say that; but I know it's our responsibility and it's our mandate from the President of the United States that we have radical transparency. And I thank the two of you for taking the risk to your personal life to come today. Anything less than radical transparency betrays the trust the American people have given to us and betrays the mandate the President has delivered.

One thing that reportedly, reportedly is going to be discussed at the upcoming ACIP meeting is ending the recommendation for the birth dose of hepatitis B vaccine. Now again, this was my practice for 20 years before I entered politics. More than 90% of infants--let me start over. For those who say, why should a child be vaccinated for a sexually transmitted disease when they're at birth? The child passes through the birth canal and is exposed to the same secretions of one would otherwise; and that passage through the birth canal makes that child vulnerable to the virus being transmitted not just hepatitis B, it can be HIV, it can be other things. But in terms of hepatitis B, that happens. If that child is infected at birth, more than 90% of them develop chronic lifelong infection. Now, we'll talk about the consequences of that in a second before 1991 as many as 20,000 babies, babies were infected with hepatitis B in the United States of America; and that changed when the hepatitis B vaccine was approved for newborns; and, by the way, as Dr. Manorez says, this doesn't mandate, doesn't say you can't leave the hospital unless you get it, it just says that if the mother accepts then the insurance company has to pay. It's not mandated--it's just like _____ if you think it's a good idea except it. In the decade following approval of a birth dose of hepatitis B, newborn infection of hepatitis B reduced by 68%--that's in the decade so that's up to 2001. Now, fewer than 20 babies per year get hepatitis B from their mother--that is an accomplishment to make America healthy again, and we should stand up and salute the people that made that decision because there's people who would otherwise be dead if those mothers were not given that option to have their child vaccinated.

Now, by the way, there's some who said they've never seen it so therefore it cannot exist. I want to submit for the record a link to an X-thread in which Dr. James Wong from California shares his personal information. This doctor--he was infected at birth. He developed cirrhosis. He almost died. Now because of modern medicine, that hepatitis B virus is controlled, but he has to get screened regularly and lives with the specter of getting liver cancer because he got cirrhosis when he was infected as a baby. It does occur but it occurs less often now. So we can argue now that we've controlled it--do we let the genie out of the bottle. If the recommendation goes away and a parent does want the vaccine and the insurance will no longer cover it free of charge, she'll be forced to pay out of pocket.

With that, this brings us to the conclusion. Any Senator wishing to ask additional questions, questions for the record will be due at 5:00 PM Wednesday October the 1st. Thank you again for the witnesses. Thank you, for the audience, you're very respectful--the Committee stands adjourned.

03:17:55

The broadcast has concluded. 03:18:05 – 03:21:57

Appendix I: Previous methodologies have attempted to capture for history—all have failed to preserve a typed transcript for history and the video documentation has failed to be archived to the *Internet Archive.*

Transcription of the OFFICIAL RECORDING OF THE SENATE HEARING BY THE U.S. SENATE: Full Committee Hearing: *Restoring Trust Through Radical Transparency: Reviewing Recent Events at the Centers for Disease Control and Prevention and Implications for Children's Health,* Wednesday, September 17th, 2025, 10:00 am, 430 Dirksen Senate Office Building
https://www.help.senate.gov/hearings/restoring-trust-through-radical-transparency-reviewing-recent-events-at-the-centers-for-disease-control-and-prevention-and-implications-for-childrens-health

THIS SENATE VIDEO WAS REPORTEDLY CAPTURED BY WAYBACK MACHINE 5 TIMES BETWEEN SEPTEMBER 10, 2025 AND SEPTEMBER 17, 2025 AS: https://web.archive.org/web/20250000000000*/https://www.help.senate.gov/hearings/restoring-trust-through-radical-transparency-reviewing-recent-events-at-the-centers-for-disease-control-and-prevention-and-implications-for-childrens-health BUT 4 OUT OF THE 5 TIMES WAS BEFORE THE HEARING OF SEPTEMBER 17, 2025 AND THE ONLY ONE CAPTURED ON SEPTEMBER 17, 2025,the video could not be played. Again, on October 3, 2025, the capture in the Wayback Machine of the *Internet Archive* was attempted and the following

On 10/02/2025, attempted to capture on the Wayback Machine of the *Internet Archive*: https://www.senate.gov/isvp/?auto_play=false&comm=help&filename=help091725&poster=https://www.help.senate.gov/assets/images/video-poster.png&stt=0 but failed.

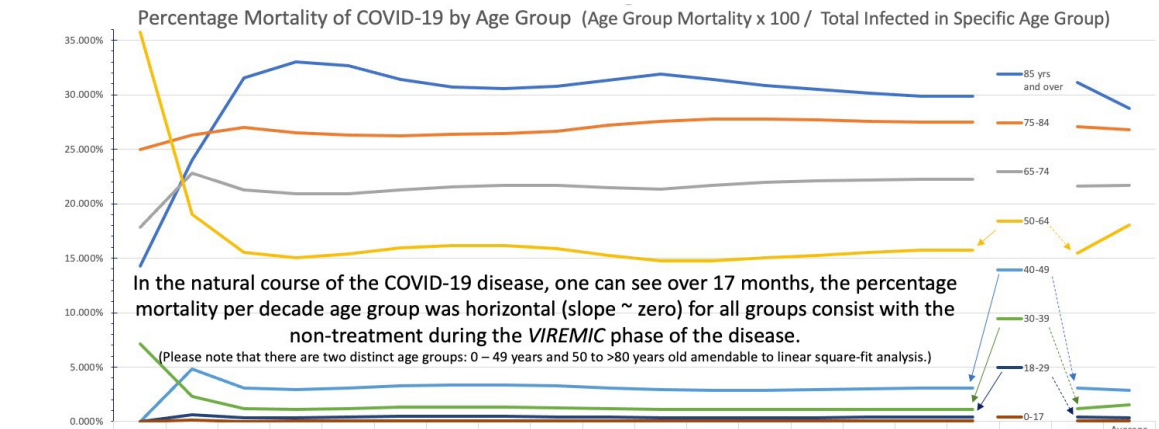
FROM C-SPAN:
"Today should not be about me. Today should be the future in public health," said former Centers for Disease Control and Prevention Director Susan Monarez during her opening testimony before the Senate Health, Education, Labor and Pensions (HELP) Committee. The former director, who was fired on August 27, appeared before the committee with former CDC chief medical officer Dr. Debra Houry to testify on their time at the CDC and about alleged pressure by HHS Secretary Robert F. Kennedy Jr. to alter vaccine policies. Ms. Monarez said her ouster from the CDC was due to her refusal to comply with requests from Secy. Kennedy to pre-approve vaccine recommendations without having the science to support said recommendations. Several topics were addressed during the hearing, including restoring public trust at the CDC, how the firing of career medical professionals will impact the CDC, the August 8 shooting at CDC headquarters in Atlanta, vaccines, and pandemic preparedness."

Part 1: https://www.c-span.org/program/senate-committee/fired-cdc-director-and-former-chief-medical-officer-testify-on-rfk-jrs-leadership-part-1/665435 When attempted access in Wayback Machine (https://web.archive.org/web/20250921194516/https://www.c-span.org/program/senate-committee/fired-cdc-director-and-former-chief-medical-officer-testify-on-rfk-jrs-leadership-part-1/665435): "403 ERROR. The request could not be satisfied. Access denied. Bad request or the link you used is invalid. There might be a configuration error. Try again later, or contact the app or website owner.

Part 2: https://www.c-span.org/program/senate-committee/fired-cdc-director-and-former-chief-medical-officer-testify-on-rfk-jrs-leadership-part-2/665801 Uploaded to the Wayback Machine on 10/3/2025: https://web.archive.org/web/20251003144615/https://www.c-span.org/program/senate-committee/fired-cdc-director-and-former-chief-medical-officer-testify-on-rfk-jrs-leadership-part-2/665801 but when attempted to play testimony, "This video file cannot be played. (Error Code: 232429). The attached closed captioned uncorrected transcript for part 2 can be viewed at this website even though the video cannot.

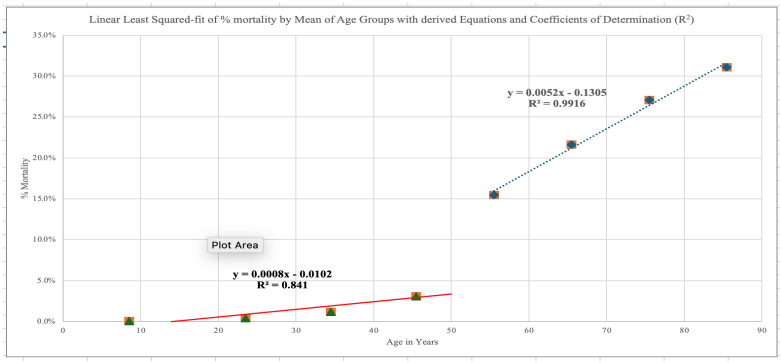
Appendix II: Plots of Monthly Percentage Mortality from February 2020 to June 2021 reports of the CDC database of sex and mortality of COVID-19 based on:

https://web.archive.org/web/20210217175653/https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#SexAndAge


Percentage Mortality of COVID-19 by Age Group (Age Group Mortality x 100 / Total Infected in Specific Age Group)
35.000%
30.000%
25.000%
20.000%
15.000%
10.000%
5.000%
0.000%
85 yrs and over
75-84
65-74
50-64
40-49
30-39
18-29
0-17
In the natural course of the COVID-19 disease, one can see over 17 months, the percentage mortality per decade age group was horizontal (slope ~ zero) for all groups consist with the non-treatment during the VIREMIC phase of the disease.
(Please note that there are two distinct age groups: 0 – 49 years and 50 to >80 years old amendable to linear square-fit analysis.)

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-20201	May-21	Jun-21		Average from 4/2020 to present	Average from 1/2020 to the present
85 yrs and over	14.286%	23.964%	31.510%	33.007%	32.674%	31.398%	30.713%	30.536%	30.739%	31.324%	31.866%	31.378%	30.863%	30.484%	30.144%	29.874%	29.845%		31.090%	28.728%
75-84	25.000%	26.308%	26.972%	26.487%	26.277%	26.201%	26.335%	26.442%	26.671%	27.188%	27.571%	27.774%	27.779%	27.695%	27.569%	27.470%	27.463%		27.059%	26.789%
65-74	17.857%	22.763%	21.258%	20.921%	20.933%	21.276%	21.563%	21.675%	21.647%	21.472%	21.351%	21.663%	21.933%	22.098%	22.189%	22.264%	22.268%		21.634%	21.674%
50-64	35.714%	19.023%	15.528%	15.064%	15.367%	15.947%	16.148%	16.127%	15.857%	15.236%	14.728%	14.784%	15.019%	15.247%	15.517%	15.725%	15.750%		15.470%	18.016%
40-49	0.000%	4.843%	3.099%	2.964%	3.083%	3.318%	3.387%	3.376%	3.294%	3.098%	2.937%	2.885%	2.895%	2.944%	3.013%	3.065%	3.070%		3.095%	2.848%
30-39	7.143%	2.331%	1.218%	1.146%	1.216%	1.334%	1.327%	1.318%	1.282%	1.203%	1.111%	1.089%	1.085%	1.099%	1.125%	1.149%	1.149%		1.190%	1.518%
18-29	0.000%	0.656%	0.382%	0.369%	0.402%	0.469%	0.469%	0.467%	0.453%	0.421%	0.385%	0.376%	0.377%	0.382%	0.390%	0.399%	0.400%		0.409%	0.378%
0-17	0.000%	0.112%	0.034%	0.041%	0.048%	0.057%	0.058%	0.059%	0.059%	0.057%	0.051%	0.050%	0.050%	0.051%	0.053%	0.054%	0.055%		0.052%	0.049%

Fig 1: Y axis = monthly decade age group mortality due to COVID-19 total population of decade age group, Y axis = mortality rate in %. Data derived from the CDC database of sex and age mortality.


Linear Least Squared-fit of % mortality by Mean of Age Groups with derived Equations and Coefficients of Determination (R²)
% Mortality
Age in Years
y = 0.0052x - 0.1305
R² = 0.9916
Plot Area
y = 0.0008x - 0.0102
R² = 0.841

0 – 49 years of age: Mortality rate (y) = 0.0008 (x) – 0.0102 $r^2 = 0.84$
50 – 90+ years of age: Mortality rate (y) = 0.0052 (x) – 0.1305 $r^2 = 0.99$

Fig 2 is derived from a calculated least-square fit of the data from Fig. 1. The slopes of the plots x 100 equals the fractional increase in mortality rate per year for the 0 – 49 age group of roughly 0.08% increase per age-year of the annual mortality and for the ≥50 age mortality of 0.52% increase per age-year of the annual mortality of ages are: 50 years of age, the calculated risk of mortality rate is: [(0.0052 x 50)-0.1305= 14%; 60 years of age, the calculated risk of mortality rate is: [(0.0052 x 60)-0.1305] = 18.2%; and 70 years of age, the calculated risk of mortality rate is [(0.0052 x 70)-0.1305]= 23.4%.

References:

Restoring Trust Through Radical Transparency: Reviewing Recent Events at the Centers for Disease Control and Prevention and Implications for Children's Health, Wednesday, September 17th, 2025, 10:00 am, 430 Dirksen Senate Office Building: Official video posting of the **U.S. Senate Committee on Health, Education, Labor & Pensions.**

Documentation by Dr. Andrus (June 2020 – 2025) supporting the RESULTS, DISCUSSION, and RECOMMENDATIONS of the discussion of this transcript:

1. Andrus CH: ***Time:*** The Crucial *Independent* Variable of the COVID-19 Pandemic, U.S. Copyright Office, Library of Congress, 2020-06-08, Txu002199029. https://archive.org/details/book-1-dr-mr-president..-covid-19-and-where-we-went-wrong-2023-02-02/page/921/mode/1up?q=%22Time%3A+The+Crucial+Independent%22 , e921 – e943.

2. Andrus CH: *The Mayo Clinic "Safety Update" should be classified as a completed Phase I trial of COVID-19 convalescent plasma.* U.S. Copyright Office, Library of Congress, 2020-06-08, TXu002214049. https://archive.org/details/book-1-dr-mr-president..-covid-19-and-where-we-went-wrong-2023-02-02/page/963/mode/1up?q=%22Time%3A+The+Crucial+Independent%22 , e963 - e974.

3. Andrus CH: **Letter mailed to President Trump and the offices of the U.S. Senate and the U.S. House of Representatives**, August 23, 2020. https://archive.org/details/book-1-dr-mr-president..-covid-19-and-where-we-went-wrong-2023-02-02/page/993/mode/1up?q=Members , e993 – e1000.

4. Andrus CH: **Letter to the Offices of the U.S. House of Representatives**, August 28, 2020. https://archive.org/details/book-1-dr-mr-president..-covid-19-and-where-we-went-wrong-2023-02-02/page/1003/mode/1up?q=Members , e1003 - e1004.

5. Andrus CH: *1 Dear Mr President PLEASE COVID-19 Convalescent Plasma NOW 11-17-2020.* U.S. Copyright Office, 2020-11-18, TXu002232947. https://archive.org/details/book-1-dr-mr-president..-covid-19-and-where-we-went-wrong-2023-02-02/page/1009/mode/1up?q=%22NOW+11-17-2020%22 , e1008 – e1015.

6. Andrus CH: E-mail submitted to Dr. Richard Stone, M.D., VHA Chief Medical Executive (the Trump Administrations alternate name for Under Secretary of the Veterans Health Administration to circumvent Senatorial confirmation), regarding the WRONG INCLUSION CRITERIA which contradicted the FDA directive of early administration in the course of COVID-19 disease (<72 hours from diagnosis) going forward from August 28, 2020 **to the present**, regarding Remdesivir (an FDA -approved licensed drug: NDA# 214787, October 22, 2020). This ERRONEOUS DIRECTIVE was still published on the Internet as of October 3, 2021; but the URL was removed without any retraction or explanation by the Veterans Health Administration (VHA), of the U.S. Department of Veterans Affair. Thus, the URL is no longer available. https://vanf.app/CFU_PDF/Remdesivir_VEKLURY_November2020.pdf Copies of that document can be found in references 10 – 16 that follow.

7. Andrus CH: 5.0 2021-09-19 The tragic methodology of electronic overwriting of official government documents is an obstruction of justice. Book 1 Dr Mr President.. COVID-19 and where we went wrong 2023 02 02 (ref: 1), e147-e156.

8. Andrus CH: Thank you letter to Gilead Sciences for providing the reference regarding the date of completion of Phase 1 remdesivir trial.

> **From:** Charles.Andrus@va.gov,
> **To:** Public_affairs@gilead.com,
> **Cc:** Charles.Andrus@va.gov, candrus600@aol.com, Anthony.Fauci@nih.hhs.gov, kara.harris@nih.hhs.gov, Janet.Woodcock@fda.hhs.gov, Denise.Hinton@hhs.gov, Jacqueline.OShaughnessy@fda.hhs.gov, michael.hogan@va.gov,
> **Subject:** RE: Phase 1 remdesivir trial result
> **Date:** Wed, Feb 16, 2022 3:25 pm
> **Attachments:** 3 Andrus SLU cv 8_11_2021.docx (7964K),
>
> 2/16/2022
>
> NIAID Case #12276
>
> Dear Gilead:
>
> Thank you for forwarding this article to me: Humeniuk R, Mathias A, Huyen C, Osinusi A, Shen G, Chng E, Ling J, Wu A, German P: Safety, Tolerability, and Tolerability, and Pharmacokinetic of Remdesivir, An antiviral for Treatment of COVID-19, in Healthy Subjects. Clin Transl Sci 2020; 13, 896-906: Safety, Tolerability, and Pharmacokinetics of Remdesivir, An Antiviral for Treatment of COVID 19, in Healthy Subjects (wiley.com).

9. Andrus CH: BOOK 2 ***0 2023 09 11 Scan VA RSSO Case 286816 Letter Arrived Feb 13 2023***. *Internet Archive* 2023-09-11, 1 – 6 viewable files. https://archive.org/details/0-2023-09-11-scan-va-rsso-case-286816-letter-arrived-feb-13-2023/0%202023-09-11%20scan%20VA%20RSSO%20Case%20286816%20letter%20arrived%20Feb%2013%202023/

10. Andrus CH: **BOOK 1** ***Dr Mr President.. COVID 19 And Where We Went Wrong 2023 02 02***. *Internet Archive* 2023-09-12, pages e1 - e1266. https://archive.org/details/book-1-dr-mr-president..-covid-19-and-where-we-went-wrong-2023-02-02

11. Andrus CH: **Book 3** ***Abridged Dear Mr President... To Care For Him Who Shall Have Borne The Battle*** **2024 02 29** *Internet Archive* 2024-02-29, pages e1- e536. https://archive.org/details/book-3-abridged-dear-mr-president...-to-care-for-him-who-shall-have-borne-the-battle-2024-02-29

> Also, with confirmation of my time as the Chief of Surgical Services, Edward Hines, Jr. VAH, Maywood, IL, 1996-2002, and as an adjunct to Books 2 and Book 3:

Office of the Inspector General (OIG), U.S. Department of Veterans Affairs: ***06.3005 1999 11 22 Hines VAH CAP 99 00173 18 Copy***. Uploaded by Charles H. Andrus, M.D., F.A.C.S. as this document had been removed from the Internet and was a VA OIG published report for PUBLIC RELEASE by the USVA, OIG, November 22, 1999, *Internet Archive* pages e1 – e66. https://archive.org/details/06.3005-1999-11-22-hines-vah-cap-99-00173-18-copy/mode/1up

12. Andrus CH: **BOOK 4** ***Biden Response To The Summary Of Book 1 COVID 19 And Where We Went Wrong***. *Internet Archive* 2024-02-05, pages e1-e848. https://archive.org/details/book-4-biden-response-to-the-summary-of-book-1-covid-19-and-where-we-went-wrong and Andrus CH: **0.4 BOOK 4** ***Biden Response To The Summary Of Book 1 COVID 19 And Where We Went Wrong 2nd Attemp***. *Internet Archive* 2024-03-05, pages e1 – e848. (2nd attempt to upload due to e- pagination discrepancy in reference 5 above—but same problem when one searches BOOK 4 electronically) https://archive.org/details/0.4-book-4-biden-response-to-the-summary-of-book-1-covid-19-and-where-we-went-wrong-2nd-attemp

13. Andrus CH: **Book 5** ***Summary Submission to President Joseph Biden on January 18, 2025***. *Internet Archive* 2025-03-31, pages e1 – e514. https://archive.org/details/book-5-summary-submission-to-president-joseph-biden-january-18-2025

14. Andrus CH: Letter to Dr. Marrazzo NIAID 12276 of February 14, 2025 is contained in ***0.2 Attachment I 2025-02-14 Letter to Marrazzo + Inspectors General NIAID 12276*** of Book 6 (ref. 13): *Book 6 Ltr HSS Secretary Kennedy Re Passive Immunization and Measles*, Internet Archive 2025-03-29, pages e75 – e103 of e736. https://archive.org/details/book-6-ltr-hss-secretary-kennedy-re-passive-immunization-and-measles

15. Andrus CH: **Book 6:** ***Treatment Nihilism by the Disuse of PASSIVE IMMUNIZATION in the early treatment of postexposure and/or the early Viral Infection: e.g: COVID-19, RSV, measles (Rubeola).*** *Internet Archive* 2025-03-29, pages e1 – e736. ***Book-6-ltr-HSS-Secretary-Kennedy-re-passive-immunization-and-measles.*** https://archive.org/details/book-6-ltr-hss-secretary-kennedy-re-passive-immunization-and-measles

16. Andrus CH: **Book 7:** ***2025 4 9 Passive Immunity Obfuscative Denial in Infectious Dis Yet Paltering Promotion Chronic & Terminal Conditions.*** *Internet Archive* 2025-04-09, pages e1-e22. https://archive.org/details/2025-4-9-passive-immunity-obfuscative-denial-in-infectious-dis-yet-paltering-pro which is the letter that follows regarding: ***Passive Immunization*****: Obfuscating treatment denial of novel viruses (e.g.: Measles (Rubeola), RSV, COVID-19, etc.) versus Paltering promotion for rare, chronic, and terminal conditions (e.g.: CIDP, MS, exophthalmos, psoriasis, collagen vascular disorders, cancer, etc.)**